AGD PACE JOINT PROVIDERSHIP CE PROTOCOL



PROGRAM APPROVAL:

Please read carefully before submitting your program for joint provider approval.







OBJECTIVES

Zoom Education, LLC ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. We ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives. We ensure upon completion of a continuing dental education course intended toward attainment of certification or other recognition through the CDE provider, participating professionals will not be obligated, as a condition for attaining or maintaining that certification or recognition, to utilize a volume of any products and/or services.

ADMISSIONS

Zoom Education, LLC ensures, in general, our continuing education activities are made available to all dental professionals. If activities require previous training or preparation, the necessary level of knowledge, skill, or experience must be specified in course announcements.

PATIENT PROTECTION

Zoom Education, LLC ensures, participants are cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate, supervised clinical experience in the technique or procedure to allow them to perform it competently.

INSTRUCTORS

Zoom Education, LLC ensures, instructors chosen to teach courses are qualified by education and/or experience to provide instruction in the relevant subject matter. All instructors must:

- Submit their CV
- Complete and sign an "Affidavit of Authenticity"
- Complete and sign a "Conflict of Interest"
- Complete and sign a "Disclosure/Sponsorship Agreement" if they or a family member are affiliated with the supporting/sponsoring company

All hands-on activities should not exceed a 1:15 instructor-to-attendee ratio

Please read carefully before submitting you program to Zoom Education, LLC for AGD PACE joint providership approval.



PUBLICITY

Zoom Education, LLC ensures:

- 1. Publicity will not contain any misleading statements regarding the nature of the activity or the benefits to be derived from participation.
- 2. The approved AGD PACE logo/brand with the appropriate credit statement is used in all printed brochures and promotional materials for their educational program.
- 3. The terms "accredited," "accreditation," "certification" or "endorsement of" must **not** be used in conjunction with PACE approval. Providers must **not** make statements implying AGD PACE Approval or endorsement of individual courses.
- 4. All Commercial Sponsors will be disclosed along with the refund and cancellation policy

EVALUATIONS

Zoom Education, LLC requires all participants to complete an evaluation prior to receiving their CE certificate of attendance. Zoom Education, LLC utilizes CE Zoom which automatically require the survey after verification of attendance by the professional.

All Joint Providers will utilize Zoom Education's Survey template and set the survey to be require.

COURSE RECORDS

Zoom Education, LLC has partnered with CE Zoom, LLC to maintain accurate records of the individual attendance and make such records accessible to all attendees that verified their attendance within the grace period for a minimum of seven years.

All Joint Providership programs must utilize CE Zoom to issue their CE Certificates.

Zoom Education, LLC will submit all AGD members continuing education hours to AGD within 30 days of their verification of completion and receiving their CE certificate on CE Zoom.

All participants will have upto 2 years to verify their attendance on CE Zoom to receive their CE Certificate of attendance, after which they will forfeit their ability to obtain a CE Certificate of attendance.

Please read carefully before submitting you program to Zoom Education, LLC for AGD PACE joint providership approval.



COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST

Zoom Education, LLC ensures that continuing education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity. If commercial relationships exist between the program provider, course presenters, and/or a commercial company and its products, they must be fully disclosed to participants.

Providers must disclose to participants in all continuing educational activities any conflicts of interest the planners and lecturer/author/ instructors or a continuing education activity may have. Disclosure must be made at the beginning of the continuing education activity and must be made in writing in publicity materials, course materials and/or audiovisual materials.

CE hours are not awarded for time spend marketing a specific product or service

***Product-promotion material or product-specific advertisement of any type is **prohibited** in or during continuing education activities.

Joint Provider - Pre Approval Checklist



PRIOR TO SUBMITTING PROGRAM TO ZOOM EDUCATION, LLC
Read AGD PACE guidelines in its entirety https://www.agd.org/continuing-education-events/pace/pace-guidelines
Confirm your content is unbiased of commercial influence (only the unbiased content is allowed for issuing CE hours) and confirm you have reviewed and will need to have signed conflict of interest statement from each instructor to ensure that an inappropriate conflict does not exist
Confirm your presentation materials (powerpoint, handouts, etc) are free of branding, commercial support during the instructional hours of the presentation and confirm you have reviewed and will need a signed sponsorship/disclosure agreement from each instructor that has commercial sponsors to ensure that course content will not be biased
Confirm all images that will be presented have not been falsified and will not misrepresent the outcome of treatment. Confirm you have reviewed and will need a signed affidavit of authenticity for each instructor.
Make sure your content is scientific in nature, with written educational objectives and any perquisites are clearly defined. If no, CE credit can not be issued
Confirm the selected educational methods, equipment and the facilities selected are appropriate to the stated objectives of the activity and all potential hazards have been identified, that the likelihood of them occurring are minimized and that they are communicated to course participants
Confirm the student/instructor ratio for hands on instructions is not more then 15:1
Confirm your instructors are qualified to offer the content
Confirm you have sufficient financial resources budgeted to ensure that the goals and objectives of the course can be met
Confirm you have ensured that participants are not violating any applicable laws and regulations while participating in a course
Confirm the course publicity clearly includes all the information required by AGD PACE, including the AGD logo/provider statement and the joint program provider approval statement
Confirm arrangements have been made to disclose all commercial support to the participants before and at the beginning of the course

Joint Provider - Pre Approval Documentation



NEEDED DOCUMENTATION PRIOR TO COURSE APPROVAL (please note, late submission fees apply if
not submitted 14 days prior to event) Please submit all documentation to AGD@cezoom.com
Post Course information on CE Zoom
Submit each instructors CV or proof of qualification
Submit draft of all marketing pieces (refer to publicity protocol)
Submit Power Point deck, instructional content, including but not limited to handouts & syllabus
Submit Signed Joint Provider Agreement
Submit Signed Affidavit of Image Authentic for each instructor
Submit Signed Disclosure/Sponsorship Agreement for each instructor (if applicable)

Post Approval Checklist



EVENT DAY
Confirm attendance on your CE Zoom account for all pre-registered professionals
Complete a sign in roster for all professionals in attendance that have not registered for the event on CE Zoom
Announce all CE certificates will be issued through CE Zoom. Issue the CE Zoom verification code at the conclusion of the event with CE Zoom verification instructions.

AGD PACE logo & Joint Provider Statement



AGD LOGO and Approval Statement

AGD requires that you use the AGD PACE logo and the following Zoom Education, LLC approval statement on all publicity:

- The AGD PACE logo should not be smaller than 3/4 inch in size and not larger than 2 inches in height
- Font style for the approval statement should be sans serif (Arial or Helvetica) and cannot be smaller than 6 point in size.
- The AGD PACE logo should never be larger than the provider's logo
- The AGD PACE logo should be in the AGD approved color, black or in the case of a dark colored background, white. It should not appear in any other color.



Zoom Education, LLC
Nationally Approved PACE Program
Provider for FAGD/MAGD credit. Approval
does not imply acceptance by any
regulatory authority or AGD endorsement.
01/01/18 to 12/31/21
Provider ID # 373236

Joint Provider Statement

All printed materials for educational activities must carry the following Joint Provider statement in addition the AGD PACE logo/approval statement:

This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of Zoom Education, LLC and {Your Company's Name}. Zoom Education, LLC is approved for awarding FAGD/MAGD credit.

Publicity Protocol



EVENT TITLE

EVENT INFORMATION

- DATE
- TIME
- CE CREDIT HOURS
- EDUCATION METHOD (LECTURE, DISSCUSSION, PARTICIPATION)
- ADDRESS
- INDENDED AUDIENCE
- PREQUISITES
- SPONSORS
- REGISTRATION LINK

EDUCATIONAL OVERVIEW/ OBJECTIVES

INSTRUCRTION(S)

- NAME(S)
- BIO



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01/01/18 to 12/31/21
Provider ID # 373236

This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of Zoom Education, LLC and {Your Company's Name}. Zoom Education, LLC and {Your Company's Name}.

Course Evaluation Template



• This survey is 100% anonymous. We ask for your honest feedback, as it is very valuable to the speaker and the offering company. To begin your survey click continue.

Continue

- Meeting site was adequate in size, comfortable, and convenient Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Course administration was efficient and friendly Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Course objectives were consistent with the course as advertised Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Course material was up-to-date, well-organized, and presented in sufficient depth

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

- Instructor demonstrated a comprehensive knowledge of the subject Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Instructor appeared to be interested and enthusiastic about the subject Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Audio-visual materials used were relevant and of high quality
 Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Handout materials enhanced course content
 N/A, Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Overall, I would rate this course Excellent, Very Good, Good, Fair, Poor
- Overall, I would rate this instructor Excellent, Very Good, Good, Fair, Poor
- Overall, this course met my expectations
 Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- Comments (positive or negative)
 For no comment enter N/A or No Comment

Joint Provider Agreement



Zoom Education, LLC and the company listed below hereby enter into this Joint Program Provider Agreement to provide quality continuing dental education (CDE) for professionals. All courses will be listed and stored under the listed companies CE Zoom company account. Verification of the continuing education hours (CE) earned by attendees of this program will be documented by **CE Zoom** within the company's CE Zoom account. It will be the responsibility of the company listed below to have their attendees verify within 30 days of the completion of the course so CE Zoom can submit verification of CE earned by any Academy of General Dentistry (AGD) members in attendance to the AGD so that these members can earn FAGD/MAGD credit in the AGD. The company listed below agrees to abide by all AGD PACE guidelines and agree to confirm all statements on the Joint Provider Pre-approval checklist.

Terms of Agreement

The term of the Agreement will begin on the signed date and will end 365 days thereafter . All references in this Agreement to the duration of the agreement shall mean the term of the Agreement. The duration of the Agreement shall expire upon the termination of this Agreement.

Responsibilities

Zoom Education, LCC and the company listed below, jointly create, produce, and execute the programs listed on CE Zoom for 365 from the signed date of this agreement

Identification

All marketing materials and attendance verification forms shall include the following statement:

This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of Zoom Education, LLC and {the listed company below}. Zoom Education, LLC is approved for awarding FAGD/MAGD credit. PROVIDER ID# 373236 1/1/2019 to 12/31/2021

Termination

<u>By Mutual Agreement</u> – Notwithstanding any other provision, the Agreement may be terminated, altered, amended, or extended at any time by the mutual written agreement of the parties.

<u>For Cause</u> –either party may terminate the Agreement by written notice to the other party for any cause, which must be stated in the notice.

<u>Release</u> – Termination of the Agreement shall not release any party from the payment of any sum then owing to the other party.

Entire Agreement

This Agreement constitutes the entire agreement of the parties with respect to the joint program and supersedes all prior agreements, arrangement and communications among the parties concerning the joint program, whether oral or written.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by duly authorized representatives as of the last date signed below.

Zoom Education, LLC	ORGANIZATION/COMPANY NAME: Xlear, Inc.
Date:	Date: 07/11/2019
Katrinna R. Jackson or Sarah K Thiel	Name: Julie Seager
Co-Owners	Title: Regional Education Manager

Affidavit of Image Authenticity

Signed by each instructor



It is the policy of Zoom Education, LLC that all content, visual images, electronic or otherwise, used during AGD courses do not misrepresent or falsify the treatment outcome, and content is not plagiarized. I, the undersigned (presenter/ offering company) for the educational program listed on CE Zoom for 365 days following the singed date below, declare that all visual images, electronic or otherwise, used by me or my associates during all programs instructed by me listed on CE Zoom, to the best of my knowledge have not misrepresented, plagiarized, or falsified the treatment outcome. However, if corrections have been made to any images to better demonstrate an educational topic, these corrections will be fully explained and disclosed to the audience so as to ensure that no member of the audience believes that the image presented was not in its natural state.

*For all altered images: Please attach a printout of the original image along with the altered image.

Date: 07/11/2019 Company Name: Xlear, Inc. Instructor Name (printed): Julie Seager Signature: Qulis Seager

I submit that the above is true and accurate.

If the company signs that will cover all speakers, however it is best to have a signed copy by each of your speakers

Disclosure/Sponsorship Agreement

Signed by each instructor



Letter of Agreement and Financial Support Disclosure between the offering company and the Supporting/Sponsoring Company both listed below Title of Continuing Education (CE) Activity:_____ Date of CE Activity: Supporting/Sponsoring Company:_____ The above named company wishes to provide support for the named CE activity by means of: O Speaker #1: Speaker #2: Including: O All Expenses O Travel Only O Honorarium Only, Amount \$ O Support for catering functions, in the amount of: \$_____ Please specify: _____ **Conditions** The program is for scientific and educational purposes only and will not promote the products and/or services of the company directly. Commercial Guidelines: Control of Content and Selection of Presenters and Moderators: Zoom Education, LCC (approved provider) and the offering company below (joint provider) are responsible for the control of content and the selection of presenters and moderators. The sponsoring company listed above agrees not to direct the content of the program. **Agreed** Offering Company: Xlear, Inc. Representative: Julie Seager Signature: Julis Seager Date: 07/11/2019