



EMS Safety-PACE  
Instructor Forms Packet



**Instructions:**

1. Complete the Course Info section below (type it into the document and it will populate all the form headers in this packet).
2. Print out all required forms
3. Complete forms as instructed below and on each form
4. Teach the course and submit all required documents to EMS Safety
5. **Course documents must be received within 15 days of the course**
  - a. Partial or late submissions will not be accepted.

**Course Info:**

Instructor Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_

Course Type: \_\_\_\_\_  
*(Select from drop down)*

Course Date: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Subject Code: \_\_\_\_\_ Course Verification # \_\_\_\_\_  
*(Select from drop down) (Instructor # + Course Date)*

Course Location: \_\_\_\_\_

**Required Document Check List:**

One per Course

EMS Safety course roster, pages 1 and 2, lists all students in the course

AGD-PACE Roster, lists each student requiring dental CEU

Conflict of Interest Form

Image Authenticity Affidavit

One per Student

Completed Answer Sheet for each student on the AGD-PACE roster

EMS Safety-PACE course evaluation for each student listed on the AGD-PACE Roster

**Document Submission Options:** (illegible, late or incomplete documents will not be accepted)

1. Scan and email documents to [ceu@emssafety.com](mailto:ceu@emssafety.com)
2. Fax documents to (949) 388-2776 attn: Customer Service – Dental CEU
3. Mail copies of documents to: EMS Safety Attn: Dental CEU, 1046 Calle Recodo, Suite K; San Clemente, CA 92673

Need more info? Visit [www.emssafetyservices.com/training-programs/continuing-education/](http://www.emssafetyservices.com/training-programs/continuing-education/) or call us at (800) 215-9555. Questions can be emailed to [ceu@emssafety.com](mailto:ceu@emssafety.com)



EMS Safety-PACE  
Course Evaluation



Your feedback is required in order to receive CE. Please complete the entire course evaluation and return it to your EMS Safety Instructor.

Instructor Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

Instructor Number: \_\_\_\_\_ Location: \_\_\_\_\_

Course Type: \_\_\_\_\_

Please rate the following: ( 5 = Excellent, 4 = Good, 3 = Satisfactory, 2 = Sub-Standard, 1 = Poor)

**Course Instructor**

Professionalism and Organization	
Knowledge	
Helpful, Encouraging, Fair	
Presentation	

**Course**

Workbook	
Course DVD	

**Course Content**

Comprehensive	
Hands-on Training Time	
Met My Needs	

**Facilities & Equipment**

Comfortable Facility	
Condition of Training Equipment	
Amount of Training Equipment	

**Objectives**

Feel prepared to use the skills I learned	
Testing of skills	

**Overall**

Instructor	
Course	
Met my expectations	

<b>Additional Comments:</b>	
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<b>Topics to Add, Remove or Change:</b>	
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EMS Safety-PACE  
Instructor  
Conflict Of Interest



Instructor Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Type: \_\_\_\_\_

**Check one:**

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement with any corporate organization offering financial support or grant monies in regards to my continuing dental education presentation at (the facility name or address):

\_\_\_\_\_

I, the undersigned (or an immediate family member), **have** a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of my continuing dental education presentation at (the facility name or address):

\_\_\_\_\_

as follows (there is no need to disclose the actual financial value of any affiliation):

<i><b>Affiliation/Financial Interest</b></i>	<i><b>Corporate Organizations</b></i>
<input type="checkbox"/> Employee, full- or part-time	_____
<input type="checkbox"/> Grant/Research support	_____
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Stock shareholder	_____
<input type="checkbox"/> Honorarium	_____
<input type="checkbox"/> Other financial or material support	_____
<input type="checkbox"/> Owner/Part owner (please specify)	_____

I understand that this form will be available for review by program participants.

\_\_\_\_\_

Instructor/Advisor Signature

\_\_\_\_\_

Date

EMS Safety-PACE  
Instructor  
Conflict Of Interest

**CONFLICT OF INTEREST POLICY:** It is the policy of EMS Safety Services that all speakers at any program offered by EMS Safety Services, who have a personal interest or financial investment in a company or product, abide by the following:

- While it is permissible to mention a product or company in an educational course, the speaker shall avoid distributing any handout material that includes a company name, address, and phone number, or any material that could be construed as pushing or actively attempting to sell a particular product or company.
- The speaker is prohibited from displaying their products anywhere except in the exhibit hall, but the speaker may make reference to such an exhibit.
- No salesperson representing a company or product may take an active role in the presentation of a course without written approval of EMS Safety Services. Such requests must be submitted to EMS Safety Services 1 month prior to the course date.



EMS Safety-PACE  
Affidavit:  
Image Authenticity



**Statement of Image Authenticity:**

*It is the policy of EMS Safety that all visual images, electronic or otherwise, used during AGD courses do not misrepresent or falsify the treatment outcome. If corrections have been made to any images to better demonstrate an educational topic, these corrections must be fully explained and disclosed to the audience to ensure that no member of the audience believes that the image presented was not in its natural state.*

**Affidavit of Image Authenticity:**

I \_\_\_\_\_, Instructor for the education program entitled, \_\_\_\_\_, to be presented on, \_\_\_\_\_, declare that all visual images, electronic or otherwise, used by me or my associates during this program, to the best of my knowledge have not misrepresented 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.

**Description of images altered for educational purposes:**

**Signature:**

I submit that the above is true and accurate on this date of \_\_\_\_\_.

Instructor Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Academy of General Dentistry**

[www.agd.org](http://www.agd.org)

Questions? Call: 888.243.3368, ext 5300

E-Mail - [Membership@agd.org](mailto:Membership@agd.org)

Fax: 312.335.3443

**Continuing Education Course Roster**



Provider Name EMS Safety Services

Provider ID Number 355121

Contact Person Name \_\_\_\_\_

Contact Person E-mail \_\_\_\_\_

Contact Address

Course Location \_\_\_\_\_

Instructor Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Date \_\_\_\_\_

Subject Code \_\_\_\_\_

Credit Hours \_\_\_\_\_

\*\*Verification Code \_\_\_\_\_

Lecture/Participation/Self Participation

	*AGD Member #	State License #	Member Name	State	Office Phone	City, State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

*\*AGD Members will have records loaded to the Academy of General Density; PACE program site. Leave blank or use 'N/A' for non-members.*

*\*\* Instructor Number and Course Date; e.g. 'ST0000-12-31-13'*