

# e-Portfolio Guide: Enter a Category 2 or 3 Course

<p><b>A</b> Select "Category 2 and 3 Courses".</p> <p>You will see the description below under "Supporting Details"</p>	<p><b>Activity Type</b></p> <p> <input type="radio"/> Category 1 (Core) Course              <input type="radio"/> Self-Study Activity / e-Learning Program              <input type="radio"/> General Attendance – Dental Convention  <input checked="" type="radio"/> <b>Category 2 and 3 Courses</b>              <input type="radio"/> Grand Rounds              <input type="radio"/> Dental Society or Study Club business meetings  <input type="radio"/> Teaching              <input type="radio"/> Authorship              <input type="radio"/> Academic Reading  <input type="radio"/> Lecturing       </p> <p><b>Supporting Details - Category 2 and 3 Courses</b></p> <p>Any course, lecture or seminar not listed as a Category 1 (Core) Course should be entered here. The information you provide will determine the number and allocation of points.</p> <p>Courses/lectures/seminars delivered by an approved sponsor on a clinical dental topic are eligible for points in Category 2. This includes attendance of a course/lecture/seminar on a clinical dental topic offered by an approved sponsor at a dental convention.</p> <p>Courses/lectures/seminars on non-dental topics that are relevant to the practice of dentistry or delivered by a non-approved sponsor are eligible for points in Category 3.</p>																														
<p><b>B</b> Enter the course name, date and hours as shown on your certificate.</p>	<p><b>Course Name</b> Copy course name as it appears on certificate</p> <p><b>Session Date</b> 01/06/2023</p> <p><b>Duration in Hours</b> 2.5</p>																														
<p>Enter Sponsor Name</p> <p>Start with "ODA" for ODA Societies or "STU" for Study Clubs</p>	<p>Sponsor Name: ODA-Ontario Dental Association</p> <p>Other Sponsor Not in List: <input type="text"/></p> <p><i>NOTE: If you cannot find the sponsor, check "Other Sponsor not in list" and type in.</i></p>																														
<p><b>C OPTIONAL</b></p> <p>Upload verification document – e.g., certificate of attendance</p>	<p><b>Please upload verification of your CE activity.</b></p> <p><b>Choose file(s)</b></p> <ol style="list-style-type: none"> <li>The entire verification document must be uploaded. Excerpts are not sufficient. Hover over the  for examples of acceptable verification documents.</li> <li>If you have uploaded your verification document(s), once your entry to e-Portfolio has been approved (see status field), no other documentation is required by the College to satisfy CE requirements. You may choose to keep your original certificates or attendance records but are not required to do so.</li> <li>If you have elected to maintain paper copies, you must retain your attendance records for at least 5 years after the end of the CE cycle, and provide them to the College when requested for audit of your e-Portfolio.</li> <li>Please do not upload files larger than 125 MB.</li> </ol>																														
<p>Select the Clinical Competency Areas that apply to this course</p>	<p><b>Clinical Competency Area(s) Covered</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Caries</td> <td><input type="checkbox"/> Dental anesthesia</td> </tr> <tr> <td><input type="checkbox"/> Endodontics</td> <td><input type="checkbox"/> General Dentistry</td> <td><input type="checkbox"/> General medicine</td> </tr> <tr> <td><input type="checkbox"/> Implants</td> <td><input type="checkbox"/> Infection prevention and control</td> <td><input type="checkbox"/> Jurisprudence and ethics</td> </tr> <tr> <td><input type="checkbox"/> Local anesthesia</td> <td><input type="checkbox"/> Medical emergencies</td> <td><input type="checkbox"/> Operative and preventive dentistry</td> </tr> <tr> <td><input type="checkbox"/> Oral medicine and pathology</td> <td><input type="checkbox"/> Oral surgery</td> <td><input type="checkbox"/> Orthodontics</td> </tr> <tr> <td><input type="checkbox"/> Pediatric dentistry</td> <td><input type="checkbox"/> Periodontics</td> <td><input type="checkbox"/> Pharmacology</td> </tr> <tr> <td><input type="checkbox"/> Prosthodontics</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> RCDSO Standard – Sedation and Anesthesia</td> </tr> <tr> <td><input type="checkbox"/> RCDSO Standard – CT</td> <td><input type="checkbox"/> RCDSO Standard – other (e.g Dental Record keeping)</td> <td><input type="checkbox"/> Clinical – other</td> </tr> <tr> <td><b>Non-Clinical Competency Area(s) covered:</b></td> <td><input type="checkbox"/> Non-clinical – other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-clinical - Practice Management</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Access to Care	<input type="checkbox"/> Caries	<input type="checkbox"/> Dental anesthesia	<input type="checkbox"/> Endodontics	<input type="checkbox"/> General Dentistry	<input type="checkbox"/> General medicine	<input type="checkbox"/> Implants	<input type="checkbox"/> Infection prevention and control	<input type="checkbox"/> Jurisprudence and ethics	<input type="checkbox"/> Local anesthesia	<input type="checkbox"/> Medical emergencies	<input type="checkbox"/> Operative and preventive dentistry	<input type="checkbox"/> Oral medicine and pathology	<input type="checkbox"/> Oral surgery	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Pediatric dentistry	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Radiology	<input type="checkbox"/> RCDSO Standard – Sedation and Anesthesia	<input type="checkbox"/> RCDSO Standard – CT	<input type="checkbox"/> RCDSO Standard – other (e.g Dental Record keeping)	<input type="checkbox"/> Clinical – other	<b>Non-Clinical Competency Area(s) covered:</b>	<input type="checkbox"/> Non-clinical – other		<input type="checkbox"/> Non-clinical - Practice Management		
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<p><b>D</b> Complete Attestations (confirmations) to the College</p>	<p><b>Attestations (confirmations) to the College</b></p> <p>I attest that at least one clinical competency area was covered in this activity. <input type="radio"/> Yes <input type="radio"/> No</p> <p>I attest that I have Continuing Education (CE) verification documents (e.g., certificate, attendance reports etc.) that match the CE activity claims in this entry. I understand that I may upload the documents or retain paper copies. <input type="radio"/> Yes <input type="radio"/> No</p> <p>I attest that the information entered is accurate. <input type="radio"/> Yes <input type="radio"/> No</p>																														
<p><b>E</b> Save &amp; Submit</p>	<p><b>Save &amp; Submit</b>   <b>Save As Draft</b>   <b>Cancel</b></p>																														

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