

CDT Compliance

As required by the American Dental Association CDT content license, every Open Dental Software customer must disclose in writing the number and location of all “End-User Sites” that use the software. This includes:

- Each separate geographic office location
Even if one dentist is alternating between two offices, and we give a price break, each office must be listed below (please indicate if this is the situation).
- Mobile clinics. Each mobile clinic is counted as one site.
- Any site, even if only used as little as one day per week.
- Any administrative office that is at a separate geographical location.

The following are not considered “End-User Sites” and do not need to be reported:

- Home access.
- Foreign customers (as they have not received CDT content).
- If the program was compiled instead of purchased, and if the original database did not include any CDT content.
- Locations for which a previous support contract with Open Dental is no longer in effect and which are NOT upgrading to newer versions using our installer.

If there are any sites using Open Dental that have never had a support contract, or no longer have a support contract but continue to upgrade to newer versions using any method, they are in violation of the license. These sites must immediately contact Open Dental to initiate a support contract or otherwise license their software. In addition, all sites must report to Open Dental the number of full-time equivalent (FTE) dentists. Sites actively using Open Dental Cloud are charged per provider regardless of the number of dentists, all other sites must pay an additional \$20 per dentist per month over 3 FTE dentists.

of Dentists _____

I agree that I will contact Open Dental if the number changes.

of Sites _____

I certify that I have included all End-User Sites. I agree that if any sites are added, I will notify Open Dental immediately. I agree not to install the compiled software released from Open Dental at any site that does not have an active support contract.

Office Phone _____

Date _____

Responsible Party _____

Job Title _____

Signature _____

For each location, please list site name, address, and number of full-time equivalent (FTE) dentists. This is required information. If more than one page is needed, please include additional pages.

Site Name	Address	#FTE