

2016 CONTINUING EDUCATION AUDIT FORM FOR DENTISTS

PLEASE RETURN THIS FORM ALONG WITH THE DOCUMENTATION DESCRIBED BELOW ✍ NO LATER THAN JANUARY 14, 2016 ✍			
Name:		License #:	
Address:			
City:	County:	State:	Zip:
I am forwarding to the Maryland State Board of Dental Examiners copies of the following documents to support fulfilling the required hours of Continuing Education (30 hours of continuing education per renewal period, including 2 hours of infection control, 2 hour PANDA, and a 2 hour Pharmacology Course and maintaining a CPR Certification in order to renew my license): 17 Self Study; 13 Classroom			
COURSE TITLE	CREDIT HOURS EARNED	DATE	OFFICE USE ONLY
<i>Infection Control Course :</i>			
<i>PANDA Course:</i>			
<i>Pharmacology Course:</i>			
<i>Current CPR Card:</i>			
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I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Signature: _____ Date: _____			Date Received:
			Date Processed:
OFFICE USE ONLY			Data System:
Letter: <input type="checkbox"/> Missing Items <input type="checkbox"/> Extension <input type="checkbox"/> Complete	Missing Items: <input type="checkbox"/> Infection Control <input type="checkbox"/> CPR Card <input type="checkbox"/> CE Credits	Notice: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Referred to Discipline	Control ID:

