

CONFIRMATION OF ATTENDANCE

Please press firmly. Return the top two copies to the PPP representative at the end of today's seminar. Please keep the PINK copy for your permanent records.

Check One:	Dentist	Hygienist	Dental Assistant	Office Staf	f 🔄 🗌 Dental Studer	nt 🗌 Other
PPP verifies that:	LAST NAME (PLEASE PRINT)		FIRST NAM	1E	MIDDLE INITIAL	dds/dmd
STREET ADDRESS		CITY	STATI	E ZIP	OFFICE	PHONE NUMBER
has attended the Con	tinuing Dental Edu	cation Lecture Co	ourse: Control, Protocol ar	nd Risk Manageme	ent Seminar for Dental P	rofessional Liability
on	in .			presented by		
TODAY'S D	DATE	CIT	Y AND STATE		today's s	PEAKER
AGD subject codes: 149) (Multi-disciplinar	y Topics)	CE Hours 565	(Documentation	& Risk Management)	CE Hours
Completion Code:	Are you	currently insure	d with the PPP? 🔲 Yes	🗌 No 🛛 Are yo	ou a member of the AGE	? 🗌 Yes 🗌 No
DENITAL CE PROG	GRAM DIRECTOR		SIGNATURE O	F ATTENDEE	AGD ME	MBERSHIP NUMBER
N	ed PACE Program Pro	vider	OFFICE USE ONLY			
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of General Dentistry dentistr PACE Program Approval for Provide	te or provincial board ry or AGD endorseme 2018 to 06/30/2021 r ID Number 370344		Credit Applies: Effec	tivemm/c	toto	mm/dd/yy
Continuing Education	ite - PPP Yello	w - State Adminis	trator Agent Pink - A	ttendee		
Please press firmly. Return	n the top two copies	to the PPP represe	entative at the end of today'	's seminar. Please ke		
PPP verifies that:	LAST NAME (F	PLEASE PRINT)	FIRST NAM	1E	MIDDLE INITIAL	DDS/DMD
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on TODAY'S D			Y AND STATE	presented by	TODAY'S S	PFAKER
AGD subject codes: 149					& Risk Management)	
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Completion Code:	Are you	\mathcal{P} \mathcal{M}	d with the PPP? 🔲 Yes	🗌 No 🛛 Are yo	ou a member of the AGE	? 🗌 Yes 🗌 No
DENTAL CE PROG	RAM DIRECTOR		SIGNATURE O	F ATTENDEE	AGD ME	MBERSHIP NUMBER
N	ed PACE Program Pro /IAGD Credit	vider	OFFICE USE ONLY			
Approva	al does not imply acc te or provincial board		Policy Number:			
of General Dentistry dentistr PACF 07/01/2	r ID Number 370344		Credit Applies: Effec	tivemm/c	dd/yy	mm/dd/yy