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PPP verifies that:

LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE INITIAL DDS/DMD

STREET ADDRESS CITY STATE ZIP OFFICE PHONE NUMBER

has attended the Continuing Dental Education Lecture Course: Control, Protocol and Risk Management Seminar for Dental Professional Liability

on _____ in _____ presented by _____
TODAY'S DATE CITY AND STATE TODAY'S SPEAKER

AGD subject codes: 149 (Multi-disciplinary Topics) _____ CE Hours 565 (Documentation & Risk Management) _____ CE Hours

Completion Code: _____ Are you currently insured with the PPP? Yes No Are you a member of the AGD? Yes No


DENTAL CE PROGRAM DIRECTOR

SIGNATURE OF ATTENDEE

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