



Saskatchewan Dental Therapists Association
CONTINUING EDUCATION CREDITS
Request Form

Name: _____

Address: _____

Telephone: _____ Email: _____

Continuing education credits will be granted for continuing education courses or professional development activities according to policies set by the Credentials Committee and approved by Council. Attach all necessary information including course outline and proof of attendance.

	Course/Activity	Date/Location	CE Credit Hours	Provider/Speaker	Course Description/Website/Summary
1					
2					
3					
4					

I hereby certify that I have attended the course or participated in the activity described above. I have kept the original copy(s) of all information for my records.

Signature of Applicant

Date

Mail: Saskatchewan Dental Therapists Association
Registrar's Office
PO BOX 360
Gull Lake, SK S0N 1A0

Fax: (306) 672-3619
Phone: (306) 672-3699
Email: sdta@sasktel.net

The Registrar will provide all members with a yearly report of their continuing education credits with their annual license or non-practising membership renewal forms. It is recommended all members keep their own record of submitted continuing education credits also.