



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.

| | Course/ Activity | Date/Location | CE Credit Hours | Provider/Speaker | Course Description/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.