



# Saskatchewan Dental Therapists Association

## CONTINUING EDUCATION CREDITS

### Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: home: ( ) \_\_\_\_\_ work: ( ) \_\_\_\_\_

fax: ( ) \_\_\_\_\_ 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 or Activity Title: \_\_\_\_\_ Date(s) attended: \_\_\_\_\_

Subject and Description\*: \_\_\_\_\_

Presenter's name: \_\_\_\_\_

Sponsoring Institution/Association: \_\_\_\_\_

Credits requested: \_\_\_\_\_ Independent Study: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Attach all necessary information including course outline and proof of attendance.

OFFICE USE ONLY									
Continuing Education Category -	A	-	B	-	C				
Continuing Education Activity -	1	2	3	4	5	6	7	8	
Hours of attendance: _____					Credits: _____				

**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 or fax to:

Saskatchewan Dental Therapists Association  
Registrar's Office  
P.O. Box 360  
Gull Lake, SK S0N 1A0  
phone: (306)672-3699 fax: (306)672-3619  
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-practicing membership renewal forms.