



Saskatchewan Dental Therapists Association

CONTINUING EDUCATION CREDITS

Request Form

Name: _____

Address: _____

Telephone: home: (____) _____ work: (____) _____

fax: (____) _____

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.