



# Saskatchewan Dental Therapists Association

## Continuing Education Credit Request Form

REGISTRANT #

Name:

Address:

Phone:

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. Note: supporting documentation can be scanned and emailed to the SDTA. Submissions need to be clear and readable. Information regarding SDTA continuing education can be found [here](#).*

Course/Activity	Date / Location	CE Credit Hours
Provider/Speaker	Course Description/Website/Summary	
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Provider/Speaker	Course Description/Website/Summary	

*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

Date

**MAIL:** SDTA PO Box 26064 RPO Lawson Heights  
Saskatoon SK S7K8C1

**EMAIL:** [contact@sdta.ca](mailto:contact@sdta.ca)

*The Registrar will provide all members with an annual report of their continuing education credits along with their annual license or non-practicing membership renewal forms. It is strongly recommended all members maintain their own record of submitted continuing education credits.*