



Saskatchewan Dental Therapists Association

Instructions for the Continuing Education Credit Request Form

NOTE: SAVE THE FORM TO YOUR COMPUTER FIRST BEFORE MAKING CHANGES

General Navigation

- Use the Tab key to move from field to field
- Text field content will shrink to fit the box
- Use <Enter> to move to the next line
- The Registrant # field is for internal, future use only.

Clear Form Button

- Use this button to clear all fields from the form, with the exception of Name, Address, Phone, Email
- This allows you to save the form, clear it and enter the new information the next time is it needed.
- This button does not print on the form when printed.

Name (mandatory)

- Enter your first and last name

Address (mandatory)

- Enter your address including street number, name, city/town, province and postal code

Phone

- Enter the 10 digits of your phone number including the area code. Do not enter anything other than the 10 digits

Email (mandatory)

- Enter an email address

Course/Activity (mandatory)

- At least one entry in required
- If more than four activities are being entered, please use a second CE Credit Request form

Signature (mandatory)

- Type in your name if submitting electronically using the email button, otherwise print the form, sign and send in via mail or email as an attachment.

Date (mandatory)

- Enter the date on which you are submitting this form email address
- Pick from the calendar popup, the date on which this form was completed.

Email to SDTA Button

- If the form is complete, click this button if you want to email it directly from the form. MS Outlook will launch. You can select another email service such as Gmail from the drop down.

Save your completed form to your own device. Next submission, you may reuse this form, clear fields, complete the necessary information and submit, however remember to save it under a different name.