



DENTAL HYGIENE BOARD OF CALIFORNIA

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CONTINUING EDUCATION SUMMARY

Instructions:

Complete the continuing education summary and include a copy of each certificate with the submission of documents required for your continuing education audit. Do not submit original certificates.

Definitions:

Correspondence Course – tape recorded courses, home study materials, video courses, and computer courses (non-live/interactive). (No more than 50% of required units)

Live-Interactive Course – Live lecture, live telephone conferencing, live video conferencing, live workshop demonstration or live classroom study.

Pursuant to Title 16 of the California Code of Regulations (CCR) section 1017 subdivision (o): *Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.*

Licensee Name:

License Number:

Audit Renewal Period:

Mandatory CA Dental Practice Act

Registered CE Provider Name & Course Title:

Course Date:

Hours:

Mandatory CA Infection Control

Registered CE Provider Name & Course Title:

Course Date:

Hours:

Mandatory CPR/BLS – Submit a copy of both sides of your CPR/BLS card or eCard.

Registered CE Provider Name & Course Title:

Course Date:

Hours:

Supplemental Course(s)

Registered CE Provider Name & Course Title:

Course Date:

Hours:

Select one:

Correspondence Course

Live-Interactive Course

Registered CE Provider Name & Course Title:

Select one: Correspondence Course

Course Date: Hours:

Live-Interactive Course

Registered CE Provider Name & Course Title:

Select one: Correspondence Course

Course Date: Hours:

Live-Interactive Course

Registered CE Provider Name & Course Title:

Select one: Correspondence Course

Course Date: Hours:

Live-Interactive Course

Registered CE Provider Name & Course Title:

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Course Date: Hours:

Live-Interactive Course

Registered CE Provider Name & Course Title:

Select one: Correspondence Course

Course Date: Hours:

Live-Interactive Course

Registered CE Provider Name & Course Title:

Select one: Correspondence Course

Course Date: Hours:

Live-Interactive Course

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name:

Signature:

Date: