



## 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:**  
**Renewal Period:**

**License Number:**

### Mandatory CA Dental Practice Act

Course Title:

Registered CE Provider Number:

Course Date:

Hours:

### Mandatory CA Infection Control

Course Title:

Registered CE Provider Number:

Course Date:

Hours:

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

Course Title:

Registered CE Provider Number:

Course Date:

Hours:

### Supplemental Course(s)

Course Title:

Registered CE Provider Number:

Course Date:

Hours:

Select one: Correspondence Course

Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
Select one: Correspondence Course

Course Date: Hours:  
Live-Interactive Course

Course Title:  
Registered CE Provider Number:  
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:**  
**Date:**

**Signature:**