

2022 CONTINUING EDUCATION AUDIT FORM FOR DENTISTS

**PLEASE RETURN THIS FORM ALONG WITH THE DOCUMENTATION DESCRIBED BELOW
 ✍ NO LATER THAN JANUARY 14, 2022 ✍**

I am forwarding to the Maryland State Board of Dental Examiners copies of the following documents to support fulfilling the required hours of Continuing Education (30 hours of continuing education per renewal period, including 2 hours of Infection Control, 2 hour PANDA, 2 hour Pharmacology and current CPR certification in order to renew my license) **PANDA and Pharmacology MUST BE LISTED EVEN IF COURSE WAS TAKEN IN PRIOR RENEWAL TO MEET THE REQUIREMENT.**

Name: _____ Address: _____ License # _____

City: _____ County: _____ Zip: _____

MANDATORY CE COURSES:	COURSE TITLE	CE CREDITS	DATE TAKEN	COURSE INSTRUCTORS NAME	OFFICE USE ONLY
Implicit Bias Course					
Infection Control Course:					
PANDA Course: MUST BE INCLUDED IN AUDIT					
Pharmacology: MUST BE INCLUDED IN AUDIT					

CPR INFORMATION:	NAME OF CPR INSTITUTE TAKEN	DATE ISSUED	EXPIRATION DATE	CPR INSTRUCTORS NAME	OFFICE USE
Current CPR Card:					

	COURSE TITLE	CE CREDITS	DATE TAKEN	COURSE INSTRUCTOR NAME	OFFICE USE
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I affirm that the contents of this document are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

OFFICE USE ONLY:	Date Received:	Date Processed:	
Audit: <input type="checkbox"/> Missing Items <input type="checkbox"/> Extension <input type="checkbox"/> Complete	Missing Items: <input type="checkbox"/> Infection Control <input type="checkbox"/> PANDA <input type="checkbox"/> Pharmacology <input type="checkbox"/> CPR <input type="checkbox"/> Credits Incomplete <input type="checkbox"/> Implicit Bias	Notice <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Referred to Discipline	

