

Dental Forum of Milwaukee
Verification of Course Participation

Date: _____

To Whom It May Concern:

This is to certify completion of the following Continuing Education Course:

Participant Name: _____

Participant ADA / AGD id number: _____
(Circle one.)

Course Title: _____

Instructor: _____

Location: _____

Date: _____

Credits: _____ Lecture / Participation (Circle one.)

From: _____ am to _____ pm (One hour luncheon)

Dr. David Martyn,
Dental Forum Secretary, 2008-09

Continuing education credits issued for participation in CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her licensing board(s).

ACADEMY OF GENERAL DENTISTRY
APPROVED PACE PROGRAM PROVIDER
FAGD/MAGD CREDIT
05/01/2008 TO 04/30/2012

Provider ID Number: 209929

