



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 ID number: _____

Course Title: _____

Instructor: _____

Location: _____

Course Date: _____

Verification Code: _____

Credits: _____

Dr. Michael Waliszewski
Dental Forum Secretary, 2016-2017

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).

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Approved PACE Program Provider FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial
board of dentistry or AGD endorsement
5/1/2014 to 4/30/2018

Provider ID **209929**

