



**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. Angela Lueck  
Dental Forum Secretary, 2018-2019

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).

”

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**

