

Name: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 CPR Certificate Enclosed: \_\_\_\_\_  
 Documented Proof of Attendance Enclosed: \_\_\_\_\_

**OFFICE USE ONLY**

Passed: \_\_\_\_\_  
 Incomplete: \_\_\_\_\_  
 Failed: \_\_\_\_\_  
 Board Action: \_\_\_\_\_

**MAINE BOARD OF DENTAL EXAMINERS – CONTINUING EDUCATION LOG**

ACCREDITED SPONSOR CDE PROGRAMS (If Applicable)	ACTIVITY NAME AND DESCRIPTION OF ACTIVITY (COURSEWORK, PRESENTATIONS, TEACHING, TABLE CLINICS, PUBLICATIONS, SELF-STUDY, ETC.)	DATES OF ATTENDANCE	CREDIT HOUR(S)	
			Cat. 1	Cat. 2
*Note: Online CPR not accepted	CPR Certification (Required Documentation)*	*Must be current at time of renewal	3	
		Total CE Credits		
<b>ACCREDITED SPONSOR</b>	<b>ACTIVITY NAME AND DESCRIPTION OF ACTIVITY</b>	<b>DATES OF</b>	<b>CREDIT</b>	

