

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

**Licensee Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

NAME OF CE PROVIDER	NAME OF COURSE/ACTIVITY	DATE(S) OF ACTIVITY	CREDIT HOUR(S)	IN PERSON or ONLINE	EXIT EXAMINATION COMPLETED (YES or NO)
	Basic Life Support (BLS)		3		
		Total CE Credits			

\* Use additional sheets if necessary

**Licensee Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

<b>NAME OF CE PROVIDER</b>	<b>NAME OF COURSE/ACTIVITY</b>	<b>DATE(S) OF ACTIVITY</b>	<b>CREDIT HOUR(S)</b>	<b>IN PERSON or ONLINE</b>	<b>EXIT EXAMINATION COMPLETED (YES or NO)</b>
		Total CE Credits			