

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

BOARD OFFICE USE ONLY

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

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

NAME OF CE PROVIDER (If Applicable)	ACTIVITY TYPE	DATE(S) OF ACTIVITY	CREDIT HOUR(S)	
			Cat. 1	Cat. 2*
	Life Support Certification (CPR or BLS)		3	
		Total CE Credits		

**Note:** CE hours earned under the CE rule that went into effect November 12, 2018 do not require Category 1 or Category 2 hours.

NAME OF CE PROVIDER (If Applicable)	ACTIVITY TYPE	DATE(S) OF ACTIVITY	CREDIT HOUR(S) Cat. 1   Cat. 2*	
		Total CE Credits		

**Note:** CE hours earned under the CE rule that went into effect November 12, 2018 do not require Category 1 or Category 2 hours.