

**CONTINUING EDUCATION DOCUMENTATION FOR DONATED SERVICES
PROVIDED IN PRIVATE PRACTICES**

Licensee's Name: _____

Dentist or Hygienist (CIRCLE ONE)

Address: _____

(Street or PO Box)

(City)

(State)

(Zip)

NOTE 1 HOUR OF INDIGENT DENTAL CARE EQUALS ½ HOUR OF CE CREDIT. A TOTAL OF 5 HOURS OF CREDIT PER REPORTING PERIOD CAN BE OBTAINED BY A DENTIST AND A TOTAL OF 3 HOURS OF CREDIT CAN BE OBTAINED BY A HYGIENIST THROUGH INDIGENT CARE.

PLEASE USE ONE FORM PER PATIENT

I hereby certify that I have completed _____ hours of indigent dental care and services to

(enter identifying information without revealing the patient's identity on this form, do not use social security numbers) _____

on the following date(s): _____

Types of services/treatment: _____

Services/treatment records/documentation will be accessible to the Board for audit purposes.

I certify that the information provided on this form is true and correct. I understand that filing of false information may subject my license to disciplinary action including, but not limited to, revocation or suspension of my license.

WV License No. _____

Licensee's Signature: _____

Date: _____