

## Continuing Education (CE) Credit Form for Volunteer Practice

To be completed by the dentist or dental hygienist and the contact person at local health department or free clinic. Maintain completed form with your personal CE records for four years. Do not submit completed form to the board unless notification is received regarding a CE audit.

**Dentists:** Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

**Dental Hygienists:** Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental hygiene services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

Name of dentist/dental hygienist			License number
Street address			Area code and telephone number
City	State	Zip code	Email address

Facility where CE credit was obtained			
Street address			Area code and telephone number
City	State	Zip code	

Date of service	Number of hours of service	Number of CE hours credited
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Name of contact person at local health department or free clinic: \_\_\_\_\_

By affixing my signature, I affirm this individual provided the declared hours of service at this location.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_