

Eastern District Dental Society Continuing Education Event

VERIFICATION OF PARTICIPATION

Event Date: _____

Event Time/Duration: _____

Event Location: _____

Presentation Title: _____

Presenter: _____

Educational Method: In-person Lecture Other: _____

CE Hours: _____

Pursuant to Georgia Board of Dentistry Rule 150-3-.09 (2) (a), as a tripartite affiliate of the American Dental Association, the Georgia Board of Dentistry recognizes the Eastern District Dental Society is an approved CE provider in Georgia.

The Eastern District Dental Society verifies that _____ participated
in the continuing education course listed above.

Name of Attendee

This confirms that the individual designated above has met all the requirements of the above course(s) for awarding applicable continuing education credit.