KANSAS DENTAL BOARD
CONTINUING EDUCATION RECORD

DENTIST OR HYGIENISTS

Continuing Education hours obtained from _____ to _____

Name _____ **License #** _____

Address _____ **Office Phone** _____

City,State, ZIP _____ **County** _____

Please type or print. Illegible entries will not receive credit.

30 hrs needed for RDH & 60 for DDS/DMD

Date	Course Title	Clinician	Sponsoring Institution or Component	Credit Hours
			Total Hours	

Return to:
Kansas Dental Board
900 SW Jackson, Room 564-S
Topeka, KS 66612-1230
(785) 296-6400

SIGNATURE _____

K.A.R. 71-4-2(a) states "Only those courses which increase the dentist's clinical and theoretical dental knowledge or ability to provide care and treatment to patients shall qualify for credit in computing the required hours of continuing dental education."

DEADLINE FOR RETURN IS DECEMBER 1 OF THE CURRENT BIENNIAL LICENSE RENEWAL YEAR.