

DENTISTS PROFESSIONAL LIABILITY TRUST OF COLORADO  
**REPORT FORM FOR  
CONTINUING EDUCATION**

In accordance with the continuing education requirements, please submit verification of continuing education courses completed. **Documentation should include certificates and/or letters with signatures of course directors.**

Implants - Surgical Phase                      12 hours

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

Implants - Restorative Phase                      12 hours

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

Enteral and/or Parenteral Sedation 7 hours

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

Temporary Anchorage Devices                      6 hours  
(in Orthodontic Treatment)

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_  
Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

**I have completed the courses as listed above and as documented by the attached certificates and/or letters.**

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

- Approved
- Not Approved

By: \_\_\_\_\_

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