

**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 / 2 years *

Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____

Implants - Restorative Phase 12 hours / 2 years (1st 5 years) *

Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____

* If continuing education is required for both surgical and restorative implants, then the requirement is 9 hours / 2 years in each phase (18 hours / 2 years total)

Minimal and/or Moderate Sedation 7 hours / 2 years

Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____

Temporary Anchorage Devices 6 hours / 2 years
(in Orthodontic Treatment)

Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____
Course _____	Date _____	Hrs _____

Part Time Coverage 20 hours / year

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 _____

Print Name _____

Date _____

Approved

Not Approved

By: _____

Date: _____