

VERIFICATION OF PARTICIPATION DOCUMENTATION

EXAMPLE 1

ADA CERP recognized providers of continuing dental education are required to issue documents verifying individual participation in CDE activities and credits earned. This document is provided as one example of a document that complies with the ADA CERP requirements for reporting CE credits earned. CE providers are not required to use this form.

Please note: only ADA CERP Recognized Providers are authorized to use the ADA CERP logo and recognition statement.

<<CE Provider's name and logo>>
<<Provider's address and phone number>>

<<date document issued>>

<<participant name>>
<<insert participant address>>

The <<CE provider name>> verifies that <<participant name>> participated in the continuing education activity "<<CE course title>>," <<course type>>, <<course date, times and location>> for << # credits>> CE credit contact hours.

Participants should retain this document for their records.

Verified by:

<<signature of provider's representative>>
<<name of provider's representative>>
<<job title of provider's representative>>

ADA CERP® | Continuing Education
Recognition Program

<<Name of component>> is an ADA CERP Recognized Provider approved by the Colorado Dental Association.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

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EXAMPLE 2—MULTI-SESSION MEETINGS/CONFERENCES

ADA CERP recognized providers of continuing dental education are required to issue documents verifying individual participation in CDE activities and credits earned. This document is provided as one example of a document that complies with the ADA CERP requirements for reporting CE credits earned. CE providers are not required to use this form.

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<<CE Provider's name and logo>>
<<Provider's address and phone number>>

<<date document issued>>
<<participant name>>
<<participant address>>

VERIFICATION OF PARTICIPATION

Conference /Program Title:
Date(s):
Location:

Session/Course	Date	Hours	Instructors	Activity Type	CE Credits
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[examples listed below; provider to insert actual course information]

Session ABC	7/15/2007	1-4pm	Smith	Lecture	3
XYZ Workshop	7/16/2007	9am-3pm	Jones	Participation	5

This confirms that the individual designated above has met all the requirements of the above course(s) for awarding applicable continuing education credit. Participants should retain this document for their records.

Verified by:
<<signature of provider's representative>>
<<name of provider's representative>>
<< job title of provider's representative>>



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