



Ohio State Dental Board
 77 S. High Street, 17th Floor
 Columbus, Ohio 43215-6135

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 (614) 752-8995 Fax
 Dental.Ohio.Gov

DENTAL CONTINUING EDUCATION LOG

I attest that I have completed at least 40 continuing education hours in compliance with R.C. 4715.141 and O.A.C. 4715-8, and have provided an accurate listing of the date, sponsor, title/subject matter, and hours completed of the programs and I shall retain records for a period of four years (including receipts, vouchers, or certificates) as may be necessary to document completion of continuing education programs. The board may request such records and documentation with cause or at random without cause.

Printed Name:

License #:

Signature:

Date:

Name of Sponsor		Date of Course	# CE Hours
Course Title/Subject			

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