



OHIO STATE DENTAL BOARD

Dentist Continuing Education Log – Renewal Upload

I attest that I have completed at least **forty (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 (4) 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. Additional CE information can be found here: <https://www.dental.ohio.gov/Education-Renewal/Continuing-Education>

Printed Name

License #:

Signature:

Date:

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

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Course Title/Subject			

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