IOWA DENTAL BOARD
400 SW 8TH ST, SUITE D
DES MOINES, IA 50309-4687
Phone (515) 281-5157 ❖ http://www.dentalboard.iowa.gov

Continuing Education Record

FOR BIENNIUM REPORTING PERIOD OF SEPTEMBER 1, _____ TO AUGUST 31, _____

This form can be used to keep track of the continuing education hours that you earn for renewal of your license or registration. Maintain copies of your proof of attendance for all continuing education claimed. Records should be maintained for four years after the end of the year of attendance. In the event you are selected for audit, this form should be submitted to the Board office along with your proof of attendance. By signing this form, you are certifying that the information contained on this form is true and correct.

Name_____ **Registration/ License Number**_____

Signature_____ **Date**_____

Date	Course Title	Sponsor and Location	Credit Hours

Attach proof of attendance for all hours claimed.