

**DENTAL HYGIENE CONTINUING EDUCATION RECORD**  
**FOR THE PERIOD OF FEBRUARY 1, 2008 THROUGH JANUARY 31, 2010**

West Virginia Board of Dental Examiners  
P. O. Box 1447  
Crab Orchard, WV 25827  
(304) 252-8266 or Toll Free (877) 914-8266

**LIST ALL PERSONALLY ATTENDED INSTRUCTION OR LECTURE COURSES**

DATE	COURSE TITLE	SPONSORED BY	CREDIT HOURS
		<b>SUBTOTAL</b>	

**LIST ALL SUPERVISED SELF-INSTRUCTION COURSES *(NO MORE THAN 10 HOURS CAN BE REPORTED FOR SUPERVISED SELF-INSTRUCTION)*.**

DATE	COURSE TITLE	SPONSORED BY	CREDIT HOURS
		<b>SUBTOTAL</b>	

**LIST AT LEAST TWO HOURS OF INFECTION CONTROL, TOBACCO ABUSE, AND/OR SUBSTANCE ABUSE.**

DATE	COURSE TITLE	SPONSORED BY	CREDIT HOURS
		<b>SUBTOTAL</b>	

**LIST OTHER CATEGORIES OF CREDIT SUCH AS NON-SUPERVISED SELF-INSTRUCTION, TABLE CLINICS, SCIENTIFIC RESEARCH AND PUBLICATIONS, AND TEACHING APPOINTMENTS (Accredited Dental, Dental Hygiene & Dental Assisting Programs only). (NO MORE THAN 2 HOURS CAN BE REPORTED FOR EACH OF THESE CATEGORIES).**

DATE	COURSE TITLE	SPONSORED BY	CREDIT HOURS
		<b>SUBTOTAL</b>	

**I CERTIFY THAT I HOLD A CURRENT, UP TO DATE, CERTIFICATION IN HEALTHCARE PROVIDER CPR OR AN EQUIVALENT AS SET FORTH IN THE BOARD'S RULES.**

**\*\*Number of CPR Hours \_\_\_\_\_ TOTAL ALL HOURS \_\_\_\_\_**

**To the best of my knowledge, the foregoing record of my continuing education participation is true and accurate. I understand that filing false information may subject my license to disciplinary action including, but not limited to, revocation or suspension of my license.**

**Signature: \_\_\_\_\_**

**Name: \_\_\_\_\_  
(Please print)**

**Address: \_\_\_\_\_  
\_\_\_\_\_**

**THIS REPORT MUST BE SUBMITTED WITH YOUR 2010 RENEWAL FORM IN ORDER TO BE ISSUED A 2010 RENEWED LICENSE. THE DEADLINE FOR REPORTING YOUR CONTINUING EDUCATION HOURS IS FEBRUARY 1, 2010. FORMS RECEIVED AFTER THE DEADLINE WILL BE ASSESSED A \$65.00 PENALTY FEE.**

**NOTE: YOU MUST REPORT A TOTAL OF 20 HOURS OF CONTINUING EDUCATION WHICH INCLUDES:**

**2 HOURS OF INFECTION CONTROL AND/OR OCCUPATIONAL HAZARDS, ORAL EFFECTS OF SUBSTANCE ABUSE, OR ORAL EFFECTS OF TOBACCO USE.**

**\*\* CREDIT WILL BE GIVEN FOR A HEALTH CARE PROVIDER/BASIC LIFE SUPPORT COURSE RECOGNIZED BY THE AMERICAN HEART ASSOCIATION OR AMERICAN RED CROSS. ENTER THE ACTUAL NUMBER OF HOURS IN ATTENDANCE FOR THIS COURSE EXCLUDING BREAKS.**