

CONTINUING PROFESSIONAL EDUCATION (CPE) REPORTING FORM DENTISTS/DENTAL HYGIENISTS

CPE completed from 6/1/2012 through 5/31/2014

Name (as it appears on your license): _____ License Number: G ____ - _____

Attach a copy of your CPR card to this form. The expiration date must be 6/1/2014 or later.

Date (6/1/2012 – 5/31/2014)	Title/Sponsor/Location of Seminar	CPE Hours Claimed

Enter TOTAL Hours: _____

I hereby certify that all of the above information is accurate and true.

Signature: _____ **Date:** _____

For complete information on CPE requirements, see Section 6.0 of the Board's Rules and Regulations available on www.dpr.delaware.gov.

IF you are a...	AND your Delaware license was issued...	THEN the required hours are:
Dentist	before June 1, 2012	50
	on or after June 1, 2012 but before June 1, 2013	25
Dental Hygienist	before June 1, 2012	24
	on or after June 1, 2012 but before June 1, 2013	12