



2017 AADSM 26th Annual Meeting
Continuing Education (CE) Form

This credit claim form is required by the AADSM National Office as part of your attendance documentation. This form must be filled out completely and submitted to the AADSM in order for CE credit to be awarded. Documentation of CE credit will be provided ONLY to attendees who completely fill out and submit this credit claim form.

Grid for Last Name (15 boxes)

Last Name

Grid for First Name (10 boxes)

First Name

Grid for M.I. (2 boxes)

M.I.

Grid for City (15 boxes)

City

Grid for State (2 boxes)

State

Grid for Zip (7 boxes)

Zip

Annual Meeting attendees registered for the full meeting may claim a maximum of 4.00 hours of continuing education for the educational courses on Friday morning and a maximum of 16.50 hours of continuing education for the general session(s).

To claim CE credit for the AADSM Annual Meeting, please complete both sides of this form and return it to the AADSM registration area or to the AADSM National Office by September 30, 2017:

Please allow 2-4 weeks after the deadline date listed above to receive a CE verification letter. Letters will be emailed to the address you used when registering for the meeting.

American Dental Association CERP Information

The AADSM is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The AADSM designates this activity for a maximum of 20.50 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.



WE WANT YOUR FEEDBACK

All attendees are encouraged to evaluate each session they attend throughout the conference. Visit www.aadsm.org/evaluations at any time during the meeting to rate the sessions. The site will close on July 1, 2017.

Credits Earned

Please indicate below the number of credit hours you are claiming.

Time	Session #		Credits
<i>Friday, June 2, 2017</i>			
8:00am - 12:15pm	<input type="checkbox"/> C01	<input type="checkbox"/> C02	4.00
2:15pm - 3:15pm	<input type="checkbox"/> I01		1.00
3:30pm - 4:30pm	<input type="checkbox"/> I02		1.00
4:30pm - 5:30pm	<input type="checkbox"/> S01		1.00
<i>Saturday, June 3, 2017</i>			
8:00am - 9:00am	<input type="checkbox"/> S02	<input type="checkbox"/> S03	1.00
9:00am - 10:00am	<input type="checkbox"/> I03	<input type="checkbox"/> S04	1.00
10:30am - 11:30am	<input type="checkbox"/> S05	<input type="checkbox"/> S06	1.00
11:30am - 12:30pm	<input type="checkbox"/> I04	<input type="checkbox"/> S07	1.00
1:45pm - 3:15pm	<input type="checkbox"/> D01	<input type="checkbox"/> O01	1.50
3:45pm - 4:45pm	<input type="checkbox"/> S08	<input type="checkbox"/> S09	1.00
4:45pm - 5:45pm	<input type="checkbox"/> I05	<input type="checkbox"/> S10	1.00
<i>Sunday, June 4, 2017</i>			
8:00am - 9:00am	<input type="checkbox"/> S11	<input type="checkbox"/> I06	1.00
9:00am - 10:00am	<input type="checkbox"/> S12	<input type="checkbox"/> I07	1.00
10:15am - 11:15am	<input type="checkbox"/> I08	<input type="checkbox"/> W01	1.00
11:15am - 12:15pm	<input type="checkbox"/> S13	<input type="checkbox"/> S14	1.00
1:30pm - 2:30pm	<input type="checkbox"/> I09	<input type="checkbox"/> S15	1.00
2:30pm - 3:30pm	<input type="checkbox"/> I10	<input type="checkbox"/> W02	1.00
	Total Credits Earned		

Note: Continuing education credits are not offered for Meet the Professor or Brown Bag Lunch Sessions.

By signing this form, I attest that I have attended the full number of credits claimed.

Signature

Date