

CLINICAL AUXILIARY STAFF CE ATTENDANCE SHEET

(for each CE session taught within the facility)

Date of session: _____

Length of session: _____

Names of staff members present (print legibly):

1. _____

2. _____

3. _____

4. _____

5. _____

Name of instructor: _____

Job title of instructor: _____

(visit www.aadsm.org/accreditationtips.aspx for a list of job titles considered to be qualified instructors)

Educational objectives

At the completion of this educational session, the participant should be able to:

1.

2.

3.

Attestation III. – Clinical Auxiliary Staff Continuing Education

The dental director of the DSM facility must also complete the following attestation.

I _____, hereby attest that the above listed clinical auxiliary staff have participated in an educational session conducted at the dental sleep medicine facility.

Dental Director Signature _____ Date _____