PROFESSIONAL DEVELOPMENT
ATTENDANCE REGISTER

Presentation Title: _____ Course Date: _____
(Please attach any brochure available that indicates course content, presentation hours etc.)

Clinician: _____

Sponsor: _____

Contact Person for Sponsor:_____ Phone: _____

NOTE: ATTENDANCE WILL NOT BE ACCEPTED WITHOUT A CONFIRMATION SIGNATURE

PRINT NAME CLEARLY	(DA, RDH, DT, DDS)	TIME IN	SIGN OUT – SIGNATURE	TIME OUT	PTS (OFFICE USE)

I CONFIRM THAT THE AFOREMENTIONED DENTAL PERSONEL WAS IN ATTENDANCE AND THAT THE TIME IN/TIME OUT IS CORRECT AS LISTED.

_____ _____
(Signature of Clinician/Course Sponsor/Employer) (Date)