

Provincial Dental Board of Nova Scotia CONTINUING DENTAL EDUCATION LOG

(Please print or type)

Name:	Please circle one:
	Dentist
Address:	Hygienist
Postal Code: Telephone:	Assistant
My C.E. Cycle is:	Total C.E. Credit Hours:
January 1, December 31,	

CATEGORY 1: Minimum credits required from this category: 30 for dentists

15 for hygienists 12 for assistants

Date Activity / Course Title Sponsor Credits OFFICE USE ONLY

Activity / Course Title Sponsor Credits ONLY

Activity / Course Title Sponsor Credits ONLY

Approved - OFFICE USE ONLY

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CATEGORY 2: Maximum credits that can be obtained from this of	category: 60 for dentists 30 for hygienists 24 for assistants	
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Date	Activity / Course Title	Sponsor	# of Credits	Approved - OFFICE USE ONLY
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CATEGORY 3:	Maximum credits that can be obtained from this category:	30 for dentists
		15 for hygienists
		12 for assistants

Date	Activity / Course Title	Sponsor	# of Credits	Approved - OFFICE USE ONLY