



Recap Form

Your Name: _____ CE TRACK ID: _____

Course Title: _____

- Type: _____ Advanced Learning _____ Volunteerism/Community Service
 (choose one) _____ Convention Attendance _____ Lecture
 _____ Participation _____ Scholarly Activities
 _____ Self-Assessment _____ Self-Study
 _____ Distance Learning (w/post test) _____ Distance Learning (w/o post test)
 _____ Staff Meeting

Start Date: _____ End Date: _____

Description: _____

Topic: _____

Speaker: _____ Sponsor: _____

Location: _____

- Credits: _____ Fundamental
 _____ Elective
 _____ Core →
 _____ DANB
 _____ CPR
 _____ Self-Assessment

For each core topic, fill in the number of credits applied to that topic.

_____ Recordkeeping
 _____ Ethics
 _____ Patient Communication
 _____ Infection Control
 _____ Medical Emergencies
 _____ Diagnosis & Treatment Planning

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 Attn: CE TRACK
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 Minneapolis, MN 55413-4801

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 612-767-8500

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