

Mississippi Dental Association Study Club CE 2023-2024 Program Participation Verification

CE Program provided by:	Date: Location: CE Hours Awarded: Educational Method(s): Lecture
Speaker(s):	
Program approved by: Dr. Fanasy Jefcoat, Membership Services	CE Validation #: 2324MDARSC
	Participants should retain this document for their records.
Print name of participant:	I hereby confirm that I participated in the above CE course and completed all requirements for earning the Continuing Education hours noted on this form.
Signature of Participant:	Date:

Mississippi Dental Association Study Club CE 2023-2024 Program Participation Verification

CE Program provided by:	Date: Location: CE Hours Awarded: Educational Method(s): Lecture
Speaker(s):	Course Title:
Program approved by: Dr. Fanasy Jefcoat, Membership Services	CE Validation #: 2324MDARSC
	Participants should retain this document for their records.
Print name of participant:	I hereby confirm that I participated in the above CE course and completed all requirements for earning the Continuing Education hours noted on this form.
Signature of Participant:	Date: