



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

AFFIDAVIT

I, _____(name) hereby affirm that the Continuing Dental Education Record, on the reverse side of this affidavit, is true and correct, and that all requirements of continuing dental education as stated in Article 12 of the Arizona Administrative Code have been met.

I fully understand that any false statement in this Affidavit shall be grounds for suspension, revocation, refusal to renew license or certificate or any other disciplinary action authorized by Arizona Revised Statutes § 32-1263(4).

Date

Signature of Applicant

STATE OF _____

County of _____

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20 _____.

Notary Public

Commission Expires:

CONTINUING EDUCATION RECORD
◆◆◆◆ COMPLETE APPLICABLE SECTION ◆◆◆◆

NAME:	LICENSE/CERTIFICATE NO.	NUMBER OF HOURS	
DENTISTS & DENTAL CONSULTANTS (Total hours required - 72)		REQUIRED	COMPLETED
R4-11-1203(1)	Dental and medical health, cardiopulmonary resuscitation, preventative services, dental diagnosis and treatment planning, dental clinical procedures . . .	45 credit hours minimum	
R4-11-1203(2)	Dental practice organization and management, patient management skills, and methods of health care delivery	0-18 credit hrs maximum	
R4-11-1203(3)	Chemical dependency which may include tobacco cessation	3 credit hours minimum	
R4-11-1203(4)	Infectious diseases and infectious disease control	6 credit hours minimum	
DENTAL HYGIENISTS (Total hours required - 54)		REQUIRED	COMPLETED
R4-11-1204(1)	Dental and medical health, cardiopulmonary resuscitation, and dental hygiene services . . .	34 credit hours minimum	
R4-11-1204(2)	Dental hygiene practice organization and management, patient management skills, and methods of health care delivery	0-14 credit hrs maximum	
R4-11-1204(3)	Chemical dependency, tobacco cessation, ethics, risk management and jurisprudence	2 credit hours minimum	
R4-11-1204(4)	Infectious diseases and infectious disease control	4 credit hours minimum	
DENTIST RESTRICTED PERMIT HOLDERS (Total hours – 24)		REQUIRED	COMPLETED
R4-11-1206(3)(a)	Dental and medical health, cardiopulmonary resuscitation, preventative services, dental diagnosis and treatment planning, dental clinical procedures . . .	15 credit hours minimum	
R4-11-1206(3)(b)	Dental practice organization and management, patient management skills, and methods of health care delivery	0-6 credit hrs maximum	
R4-11-1206(3)(c)	Chemical dependency which may include tobacco cessation	1 credit hour minimum	
R4-11-1206(3)(d)	Infectious diseases and infectious disease control	2 credit hours minimum	
DENTAL HYGIENE RESTRICTED PERMIT HOLDERS (Total hours required - 18)		REQUIRED	COMPLETED
R4-11-1207(3)(a)	Dental and medical health, cardiopulmonary resuscitation, and dental hygiene services . . .	12 credit hours minimum	
R4-11-1207(3)(b)	Dental hygiene practice organization and management, patient management skills, and methods of health care delivery	0-3 credit hrs maximum	
R4-11-1207(3)(c)	Chemical dependency, tobacco cessation, ethics, risk management and jurisprudence	1 credit hour minimum	
R4-11-1207(3)(d)	Infectious diseases and infectious disease control	2 credit hours minimum	

COMPLETE BOTH SIDES