



SAID 58TH ANNUAL SEMINAR

CONTINUING EDUCATION ATTENDANCE VERIFICATION FORM

PLEASE NOTE: In order to receive AGD credit for this program, this form must be returned to the registration table or emailed to saidadvocacy@gmail.com. Forms not turned in will result in no credit being awarded. To ensure that proper credit is awarded, please complete the demographic information at the end of this form. You should only claim credit hours commensurate with the extent of your participation in this activity. To receive credit, please check attended and fill in the verification code for each session.

Thursday, October 19, 2023	Attended (X)	CE Hours Credit
8:15 AM - 10:15 AM - Treating the Behavior Challenged & Complex Medical History Patient <i>Robert E. Rada, DDS, MBA</i> VERIFICATION CODE: _____	<input type="checkbox"/>	2
10:30 AM - 11:30 AM - Updates in Cardiology & the Intersection with Dentistry <i>John Blair, MD, FACC</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
11:30 AM - 12:30 PM - The Syllabus: Your Resource List for Teaching & Practice <i>Betsy White, RDH, BSDH, FSCDH</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
1:30 PM - 3:30 PM - Dementia & Chief Medications: What, Where & How They Work <i>Joy Poskozim, DDS, FSCD, CDP</i> VERIFICATION CODE: _____	<input type="checkbox"/>	2
4:00 PM - 5:00 PM - Forensic Odontology <i>Denise Murmann, DDS</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
TOTAL HOURS ATTENDED THURSDAY (UP TO 7.0 HOURS)		

Participant Credentials:

DDS DMD RDH CDA Other (please specify): _____

I certify that I attended the sessions marked and that the number of credits claimed is accurate.

 Signature Last 4-digits of SS#: XXXX-XX-_____
(Required)

First Name: _____ MI: _____ Last Name: _____
Please Print

Email: _____ Work Personal (check one)

Telephone Number: (_____) _____ Work Home Cell/Other (check one)

PLEASE RETURN FORM TO REGISTRATION OR EMAIL TO RECEIVE CREDIT

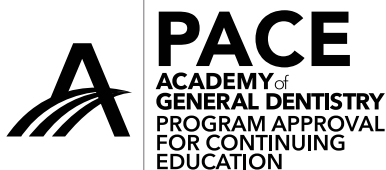


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Friday, October 20, 2023	Attended (X)	CE Hours Credit
8:00 AM - 8:30 AM - Understanding Autism (Recorded) <i>Temple Grandin</i> VERIFICATION CODE: _____	<input type="checkbox"/>	.5
8:30 AM - 9:30 AM - Special Care for Special Needs <i>Jamie Collins, RDH-EA, BS</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
9:30 AM - 10:30 AM - Health Care for People with Down Syndrome <i>Brian Chicoine, MD</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
10:45 AM - 11:45 AM - Patient Safety - Lessons Learned <i>Stephen Beetstra, DDS</i> VERIFICATION CODE: _____	<input type="checkbox"/>	2
1:00 PM - 2:00 PM - Pearls of Wisdom <i>David Itzkoff, DDS, Moderator</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
2:00 PM - 3:00 PM - Power for Change - Harnessing Advocacy & Policy for Oral Health <i>Theresa (Tracy) Anselmo, BSDH, RDH</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1
3:15 PM - 4:45 PM - Literature Review <i>Kimberly Espinoza, DDS, MPH and Scott Howell, DMD</i> VERIFICATION CODE: _____	<input type="checkbox"/>	1.5
TOTAL HOURS ATTENDED FRIDAY (UP TO 7.0 HOURS)		



Special Care Advocates in Dentistry (SAID)
 Nationally Approved PACE Program
 Provider for FAGD/MAGD credit.
 Approval does not imply acceptance by
 any regulatory authority or AGD endorsement.
 6/1/2023 to 5/31/2026
 Provider ID# 210875