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Field Contribution Activity: Article/Research

Name: _____ Date: _____

Please explain why you have chosen to write/research the chosen topic and how it has benefited your practice and/or the practice of another Denturist (attach more sheets if required):

Date of Article/Research: _____

Name and date of publication: _____

***Attach all documents that support the completed activity (e.g. – copy of article, outline of research, descriptions, etc.).**

Please note that articles/research needs to be completed and submitted to the College within the same year in order to receive credit for the Quality Assurance Program and cannot be applied for future years.

For Office Use Only

Approved

Yes No

Date Received:

Date Approved:

Notes:

