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#101-309 Sixth Street  
New Westminster, BC V3L 3A7  
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**Field Contribution Activity: CE Course**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Title of Course:** \_\_\_\_\_

**Course Sponsored By:** \_\_\_\_\_

**Date of Course:** \_\_\_\_\_

**Hours of Course:** \_\_\_\_\_

**Presenter(s) Name(s):** \_\_\_\_\_

**Qualification of the Presenter(s) (attach bio if available):**

**Course information (attach a course outline if available):**

**Describe how this course has benefited your practice as a Denturist (attach more sheets if required):**

**\*Please attach receipt, sign in sheet, and/or other verification of course attendance and return it to the College. For more information, visit our website: [www.cd.bc.ca](http://www.cd.bc.ca).**

*It is professional misconduct to misrepresent attendance or activities related to the Quality Assurance Program. Misrepresentation may result in investigation, remedial action with consent, citation, or the loss of the right to practice.*

**FOR OFFICE USE ONLY**

Indirect     Direct

**Approved**

Yes  No

**Date Received:**

\_\_\_\_\_

**Date Approved:**

\_\_\_\_\_

**Notes:**

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