COLLEGE OF DENTURISTS of British Columbia

#101-309 Sixth Street
New Westminster, BC V3L 3A7
Tel: 604-515-0533
Fax: 604-515-0534

Field Contribution Activity: Study Group

Date: _____ Hours:_____

A minimum of 5 hours (cumulative) must be completed per year.

Print name	Signature

*Please attach detailed minutes of the meeting(s) and return it to the College. For more information, visit our website: 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.