



COLLEGE OF DENTAL TECHNICIANS OF BC

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Continuing Education – Study Club Sign-In Sheet

Name of Study Club: _____

Date of Meeting: _____ Time Started: _____ Time Finished: _____

Topics discussed at the meeting:

(Please list the topics in details or provide an overview of the session. Use separate sheet if needed. Attached any written materials used/distributed at the meeting, and a brief bio of the key speaker if this is a presentation.)

Assistants and Students are exempt from Continuing Education requirements and should not sign below.

NOTE: If your name is not legible, you may not receive credit for this meeting.

NAME (please printed)	WORKPLACE	STATUS (R.D.T.)	SIGNATURE

VERIFICATION OF ATTENDANCE BY PRESENTER OR CLUB OFFICER

Name: _____ Presenter or Club Organizer

Signature: _____ Date: _____