

# Proof of Volunteer Form

Name of Volunteer RDH: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Illinois License Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of volunteer event: \_\_\_\_\_

Hours of Service: \_\_\_\_\_ Date of volunteer event: \_\_\_\_\_

Volunteer Event Organizer name: \_\_\_\_\_

Organizer Address: \_\_\_\_\_

Organizer Signature:

Note: An Illinois RDH can receive up to 4 hours of Continuing Education Credit for volunteer services during each licensure cycle per the Illinois Dental Practice Act. This form is to allow Illinois RDH to keep a record of volunteering that pertains to Dental Hygiene that is not sponsored by the Constituent or Component. You should keep a copy of this signed form for your records.

