IDHA PHDH CEU Documentation

Name (as you want it to appear on your certificate including credentials):

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Address:

Email:

Phone:

NPI Number:

ADHA Member Number:

Illinois DH License Number:

CPR renewal date:

DH Program Graduation Date (Mo/Year):

Emergency Procedures for Medically Compromised Patients (5 CEUs)

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Geriatric Dentistry (5 CEUs)

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| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Pathology (5 CEUs)

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| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Pediatric Dentistry (5 CEUs)

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| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Pharmacology (5 CEUs)

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Medical Record-Keeping (4 CEUs)

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
|  |  |  |  |
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Complete 5 Total CEUs From Any of The Following Categories:

Special Needs Dentistry

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
|  |  |  |  |
|  |  |  |  |
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Teledentistry

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Nutritional Needs of Geriatric and Low-Income Patients

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| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Communication Techniques with Non-English-Speaking Patients

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| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
|  |  |  |  |
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Cultural Competency

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
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Professional Ethics

|  |  |  |  |
| --- | --- | --- | --- |
| CEUs | Date | Title and Course Number | Provider / Web Link to Course |
|  |  |  |  |
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