

## STANDARD XIV. RECORD KEEPING

### EXAMPLES OF VERIFICATION OF PARTICIPATION FORMS

*ADA CERP recognized providers of continuing dental education are required to issue documents verifying individual participation in CDE activities and credits earned. These documents are provided as examples of forms that comply with the ADA CERP requirements. Providers are not required to use these forms. Use of these documents will not guarantee that a program will be found in compliance with Standard XIV.*

*Please note: only ADA CERP Recognized Providers are authorized to use the ADA CERP logo and recognition statement.*

**EXAMPLE 1—Single activity**

<<CE Provider's name and logo>>  
<<Provider's address, phone, email>>

<<Date verification issued>>

<<Participant name>>  
<<Participant address>>

<<Provider name>> verifies that <<participant name>> participated in the continuing education activity “<<CE course title>>,” <<course type>>, <<course date, times and location>> for << # credits>> CE credits.

Participants should retain this document for their records.

Verified by:

<<Signature>>  
<<Name>>  
<<Job title>>

**ADA CERP**<sup>®</sup> | Continuing Education  
Recognition Program

<<Provider name>> is an ADA CERP Recognized Provider.

*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

*Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [ADA.org/CERP](http://ADA.org/CERP).*

**EXAMPLE 2—Activity with multiple sessions/transcript**

<<CE Provider's name and logo>>  
<<Provider's address, phone, email>>

<<Date verification issued>>

<<Participant name>>  
<<Participant address>>

**VERIFICATION OF PARTICIPATION**

**Conference/Program Title:**  
**Date(s):**  
**Location:**

<b>Session/Course</b>	<b>Date</b>	<b>Hours</b>	<b>Instructors</b>	<b>Activity Type</b>	<b>CE Credits</b>
Session ABC	7/15/2007	1-4pm	Smith	Lecture	2
XYZ Workshop	7/16/2007	9am-3pm	Jones	Participation	3

This confirms that the individual designated above has met all the requirements of the above course(s) for awarding applicable continuing education credit. Participants should retain this document for their records.

<<Signature>>  
<<Name>>  
<<Job title>>



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