



Continuing Education Reporting Form For Dentists and Dental Hygienists

Texas State Board of Dental Examiners
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Austin, Texas 78701-3942
Phone: (512) 463-6400
Fax: (512) 463-7452
Website: www.tsbde.state.tx.us

AUDIT PROCEDURES:

Your license has been randomly selected by the State Board of Dental Examiners (SBDE) for a compliance audit with the continuing education requirements of the Texas Occupations Code (Dental Practice Act) and the SBDE Rules and Regulations. All courses must be technical or scientific relating to clinical care and endorsed by a Board-approved provider listed in SBDE Rule 104.2.

Follow the steps below to submit proof of at least 12 hours of continuing education taken since your renewal date last year. **If you are using banked hours** from a previous renewal year, you must submit proof of **all** hours taken since the renewal year the extra hours were earned.

1. List all courses submitted for review on the reverse of this form.
2. Attach documentation of course completion of each course listed. **Copies or original documents are acceptable.**
3. Review renewal form to ensure that all questions have been answered and that you have signed it.
4. Attach a copy of your current CPR card.
5. Dentists renewing parenteral or general anesthesia permits, you must include a copy of your advanced certification (ACLS, PALS, or emergency procedures course) taken within the last three years.
6. Include appropriate licensure fees as indicated on the renewal form.

IF YOU DO NOT PROVIDE THE REQUIRED CONTINUING EDUCATION HOURS, YOUR LICENSE WILL NOT BE RENEWED

RULES PERTAINING TO CONTINUING EDUCATION

SBDE Rule 104.2 – Providers is enclosed for your review. Please refer the SBDE Rules and Regulations if you are unclear about appropriate courses, providers, number of hours, or documentation. The SBDE Rules and Regulations are available online at www.tsbde.state.tx.us.

CONTACT THE SBDE WITH QUESTIONS

If you have questions after viewing the rules, you may contact Ellen Decker of the SBDE's Licensing Division at (512) 475-1349.

NAME: _____ TEXAS LICENSE #: _____ EXPIRATION DATE: _____

As required by the Dental Practice and Chapter 104 of the SBDE Rules and Regulations, each licensed dentist and dental hygienist must complete continuing education. List below all the courses you are submitting to fulfill the continuing education requirements. In addition to listing the courses, you must also **attach documentation** of course attendance/completion for each course. Copies or originals are acceptable. Attach additional sheets if necessary.

Course Date	Course Title	Approved Sponsor of Course (See Rule 104.2)	Classroom, Self-Study, Interactive Computer Course	Hours Awarded

CONTINUE LISTING COURSE INFORMATION ON THE BACK SIDE OF THIS FORM

NAME: _____

TEXAS
LICENSE #: _____

EXPIRATION
DATE: _____

Course Date	Course Title	Approved Sponsor of Course (See Rule 104.2)	Classroom, Self-Study, Interactive Computer Course	Hours Awarded

TOTAL HOURS EARNED _____