


# Dental Continuing Education Audit Tracking Worksheet

	Name:		Date:		FOR OFFICE USE ONLY	
	Address:		License Number:			
	City:		Telephone Number:			
	State & Zip Code:		Email Address:			
Date	Sponsor/Provider	Course Title	Total CE Hours	Indiana Ethics & Jurisprudence	Self Study Hours	Verification
Signature:				<b>Live Total:</b>	<b>Self-Study Total:</b>	

Please print additional tracking sheets if more space is needed.

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<b>Live Total:</b>				<b>Self-Study Total:</b>		

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