


Dental Hygiene 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	BLS / CPR	Indiana Ethics & Jurisprudence	Self Study Hours	Verification	
Signature:				Page Total:		Self-Study Total:		

Please print additional tracking sheets if more space is needed.

