DENTAL CONTINUING EDUCATION VERIFICATION OF CREDIT ISSUED BY

Vermont State Dental Society

Vermont Dental Team Annual Meeting | Sheraton Burlington Hotel & Conference Center | Burlington, VT
September 14 & 15, 2017

Program Listing
Thursday 9/14/17

#4 Fitness for Dental Professionals: Combating Pain Related to the Practice of Dentistry
Bethany Valachi, PhD
AGD Subject Code 770 Lecture 3 CEU's/Non-Clinical
Verification Code _____

#5 Evidence-Based Ergonomic Strategies for a Healthy Career, While Improving Patient Outcomes
Bethany Valachi, PhD
AGD Subject Code 150 Lecture 3 CEU's/Clinical
Verification Code _____

#6 Medical Coding for Dental Practices
Dr. Olya Zahrebelny
AGD Subject Code 550 Lecture 3 CEU's/Clinical
Verification Code _____

#7 Actions and Algorithms for Medical Emergencies
Daniel G. Pompa, DDS
AGD Subject Code 142 Lecture 3 CEU's/Clinical
Verification Code _____

Program Listing
Friday 9/15/17

#8 Actions and Algorithms for Medical Emergencies (Repeated on Friday)
Daniel G. Pompa, DDS
AGD Subject Code 142 Lecture 3 CEU's/Clinical
Verification Code _____

#9 Advances in Composite Dentistry: A Blend of Artistry, Materials, and Technique
Robert Lowe, DDS
AGD Subject Code 250 Lecture 3 CEU's/Clinical
Verification Code _____

#10 Essentials of Oral Sedation and Anesthesia for Dentistry
Marvin Leventer, DDS
AGD Subject Code 340 Lecture 3 CEU's/Clinical
Verification Code _____

#11 To Pull or Not to Pull: Periapical Surgery vs. Implant Surgery
Daniel G. Pompa, DDS
AGD Subject Code 310 Lecture 3 CEU's/Clinical
Verification Code _____

#12 World Class Crown and Bridge-Proven Techniques to Create Restorative Excellence
Robert Lowe, DDS
AGD Subject Code 610 Lecture 3 CEU's/Clinical
Verification Code _____

#13 Proper Pharmacologic Prescribing and Disposal for Dental Practitioners
Marvin Leventer, DDS
AGD Subject Code 010 Lecture 3 CEU's/Clinical
Verification Code _____

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Attendee Name: _____ ID Number: _____

Address: _____City: _____State/Zip: _____

Type: Dentist _____ Hygienist _____ Assistant _____ Office Staff _____Other _____ License#:_____ CDA#:_____

Professional Association Membership#:_____

This form is provided to each registrant at the Annual Meeting and is to be used as verification of attendance at courses. In the space provided, insert the verification code which will be given only at the end of each course. You may keep this document for future verification and/or send a copy to any organization requiring continuing education attendance verification such as the AGD, DANB, or a state licensing board.