CONTINUING EDUCATION TRACKER FORM - LICENSURE BY CREDENTIAL PATHWAY

	APPLICANT NAME:	FILE NUMBER:	DATE:
	TITLE OF COURSE AND PROVIDER NAME	**DATE COURSE TAKEN:**	**CE TOTAL:**
1	BASIC LIFE SUPPORT		
2	CA DENTAL PRACTICE ACT		
3	CA INFECTION CONTROL		
4	RESPONSIBILITIES AND REQUIREMENTS FOR PRESCRIBING		
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	Total CE Credits		0