

West Coast District Dental Association 1114 Kyle Wood Lane Brandon, FL 33511 www.wcdental.org

Continuing Education Request Form

Association/Society:		
Title of Course:		
Speaker(s):		
Date of Course:	Site:	
Lecture Start Time:	Lecture End Tim	ne:
Continuing Education Reques	sted Credits:	
Speaker Bio & Course Descrip	otion Attached (Required)?	Yes No
Board of Dentistry requires the follocan be stated in the course descript Both sex trafficking and lab	oor trafficking who may be victims of human traffici an trafficking	nan Trafficking courses (this
Affiliate Contact Informatio	on	
Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Number of CE Vouchers Requ	uested (if using printed):	

If using the fillable pdf voucher, leave the above area blank.

Please ensure the entire form is filled out. Courses will not be uploaded until all information is provided to the WCDDA. Courses will not be approved by CE Broker without the speaker bio, course description and if applicable, Human Trafficking objectives (bullet points above).

Return this form to kayla@wcdental.org with all appropriate documentation. For questions, please contact the West Coast District Dental Association at 813.654.2500.