



**REQUESTER COMPLETES THIS SECTION, Continued**

6. Date(s) Offered: \_\_\_\_\_
7. Location of Course: \_\_\_\_\_
8. Is a completion certificate provided? Yes  No
9. **Credit Hours Requested:** \_\_\_\_\_

**Submit this application and all supporting documentation to the Delaware Board of Dentistry and Dental Hygiene at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us).**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

Approved for \_\_\_\_\_ hours. Approval expires: \_\_\_\_\_

Tabled - List reason(s) below.       Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_