

## Mississippi Dental Association Study Club CE 2023-2024 Program Participation Verification

<b>CE Program provided by:</b>	<b>Date:</b> <b>Location:</b> <b>CE Hours Awarded:</b> <b>Educational Method(s):</b> Lecture
<b>Speaker(s):</b>	
<b>Program approved by:</b> Dr. Fanasy Jefcoat, Membership Services	<b>CE Validation #:</b> 2324MDARSC
	Participants should retain this document for their records.
<b>Print name of participant:</b>	I hereby confirm that I participated in the above CE course and completed all requirements for earning the Continuing Education hours noted on this form.
<b>Signature of Participant:</b>	<b>Date:</b>

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