



THE AMERICAN BOARD OF PERIODONTOLOGY
REVISED LANGUAGE CERTIFICATE
ALTERNATE PATHWAY APPLICATION
CONTINUING EDUCATION REPORTING FORM

*Diplomates requesting points toward the Alternate Pathway using
CONTINUING EDUCATION must use this form to report.*

Continuing education units earned from a CE granting authority (either state dental boards or ADA CERP)
1 point per credit hour granted. A maximum 25 points may be awarded for continuing education.

Continuing education units reported must include **course title, registration number** and **date**.

CE units in dental implant surgery submitted to the board must be current within 5 years of the date of s
submission by the applicant.

Diplomate Name:	Certification No.
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Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

NOTE: *Registration or Provider Numbers can be found on the certificate of completion.*

ADDITIONAL PAGE: ALTERNATE PATHWAY – CONTINUING EDUCATION

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

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Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
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NOTE: Registration or Provider Numbers can be found on the certificate of completion.