



# Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor

Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

## VOLUNTEER WORK REPORTING FORM

Please utilize this form when acquiring continuing education credit for indigent volunteer services in compliance with Board Rules 150-3-.09 for dentists and 150-5-.05 for hygienists.

Please print:

Name \_\_\_\_\_

License # \_\_\_\_\_

Facility where services were provided:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone

Please have this section of the form completed by the appropriate facility official.

By signing below I certify that \_\_\_\_\_  
Name of practitioner

has provided \_\_\_\_\_ hours of uncompensated dental/dental hygiene services for the above referenced public agency or institution, not for profit agency, not for profit institution, nonprofit corporation or not for profit association which provides dentistry services to indigent patients.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email Address