



**GEORGIA BOARD OF DENTISTRY
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