



## Attachment A – NSRDHDTD Denturist Registration Application Quality Assurance

### **Nova Scotia Regulator of Dental Hygiene, Dental Technology, and Denturism**

202-1597 Bedford Hwy, Bedford, Nova Scotia, B4A 1E7

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**Applicant's Name:**

### Summary of Continuing Education Activities for the Most Recent Three (3) Year Period

You may provide supporting documents separately, or else upload them to this form using the [Attach Document] at the bottom of the page.

Date	Course Attended	Speaker(s) and Sponsoring Agent	Hours

If you want to confirm that your documents have been successfully attached, go to the menu at top and select 'View' > 'Show/Hide' > 'Side Panels' > 'Attachments'