



Application Packet

Certification Course in Expanded Restorative Functions

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Continuing Medical Education
Continuing Dental Education
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General Information

Course Dates

Will be posted on the Meharry Medical College Website. www.mmc.edu

- *Week 1: Restorative (1 of 3) = 32 hours*
- *Week 2: Restorative (2 of 3) = 32 hours*
- *Week 3: Restorative (3 of 3) = 32 hours*

Tuition and CE Credit

\$4000/per attendee; 96 credit hours - Tuition must be paid in full at time of registration.

*Please contact Alexis Dean in the School of Dentistry for payment registration information and details.
adean@mmc.edu or 615 327-6876*

Application Deadline

The application deadline will be four weeks prior to the beginning of the first day of the course.

CE certificates

At the conclusion of the 3 week course those students who fulfilled all requirements of the course and met all learning objectives will be issued Continuing Dental Education Certificates through the Office of Lifelong Learning at Meharry Medical College. All CE certificates will be emailed to participants within 7-14 business days.



Meharry Medical College, School of Dentistry, is an *ADA CERP* Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. *ADA CERP* does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Meharry Medical Colleges designates this live continuing dental education program for **96 continuing education credits**.

Concerns or complaints about a CE provider may be directed to the provider or to *ADA CERP* at www.ada.org/cerp.

Please Note: You must provide a current copy of your current Tennessee Board of Dentistry License.



Meharry Medical College School of Dentistry
Certification Course in Expanded Restorative Functions Program

Application

(Please write legibly)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Mobile) _____ (Other) _____

E-mail Address _____

Dental Assistant License number _____

Please List last 2 Employers:

1.) Business Name and Name of Dentist _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

2.) Business Name and Name of Dentist _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

In box below briefly state why you are interested in attending the course in Expanded Restorative Functions:

Applicant Signature _____ Date _____