



Application Packet

***Certification Course in Expanded Restorative Functions***

***Course Director: Julie A. Gray, D.D.S., MA***

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Director, Office of Lifelong Learning  
Continuing Medical Education  
Continuing Dental Education  
(615) 327-6009***

## General Information

### Course Dates

Week	Date	Course	#CE Hours
Week 1	May 22-25, 2021	Expanded Function for Dental Auxiliary	Restorative - 1 of 3 32 hours
Week 2	June 26-29, 2021	Expanded Function for Dental Auxiliary	Restorative - 2 of 3 32 hours
Week 3	July 24-27, 2021	Expanded Function for Dental Auxiliary	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 Dr. Julie Gray or April Malone in the School of Dentistry for payment registration information and details @ [EFDAInfo@mmc.edu](mailto:EFDAInfo@mmc.edu) or [amalone@mmc.edu](mailto:amalone@mmc.edu) or [jgray@mmc.edu](mailto:jgray@mmc.edu) or 615 - 327-6084

### Application Deadline

The application deadline for the course is as pending space availability and up to two weeks prior to the beginning of the course session.

### 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](http://www.ada.org/cerp).

**Please Note: You must provide a current copy of your Tennessee Board of Dentistry License and a signed copy of the Conflict of Interest Declaration.**



**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 \_\_\_\_\_