

PENNSYLVANIA DENTAL HYGIENISTS' ASSOCIATION



*List of Course Participants

Course # _____ Course Date _____

Course Name _____

LICENSE #	LAST NAME	FIRST NAME	EMAIL

* Participant license # and name MUST be entered using this Excel form and then emailed to: academyceapproval@gmail.com.

Lists done in any other form or format will not be accepted.

Attendees