CE Self-Instructional Enrollment Form 2010

1 **Earn 1 Credit Hour** for successful completion of each month's test *(January–November 2010).* This is a self-instructional program. CR Foundation is an ADA CERP recognized provider and an AGD approved PACE program provider.

2 **Complete Enrollment Form.** For your convenience, an enrollment form is also included on each month's test. You may enroll with the first test you submit, or enroll now and take the tests at a more convenient time. For additional participants, photocopy or re-print this page and list requested information. *Please print.*

Name_____ Email _____

Practice Name *(if any)* _____

Names of other dentists in your practice *(if any)* _____

_____

_____

Address _____ Phone _____

City _____ State _____ ZIP _____

❒ Please send my tests results directly to the Academy of General Dentistry *(AGD#_____)*

3 **Annual Enrollment Fee for 2010.** Select one:

❒ $44* Clinicians Report Subscriber *(Name on current subscription _____)*

❒ $66* non-subscriber

Note: This is an annual fee to enroll you in the 2010 program (for the January–November 2010 issues and tests).

*Canadian participants will be charged an additional 5% for GST.

Payment Method: ❒ Visa ❒ MC ❒ AMEX ❒ Discover ❒ Check *(Payable to CR Foundation®)*

Cardholder's Signature_____ Exp. _____
(Signature Required)

4 **Complete each month's Test.** Tests are available at www.cliniciansreport.org as each issue is published. Tests may be submitted at any time, but all tests for the 2010 calendar year must be submitted by December 15, 2010.

5 **Send your test answers and/or enrollment form to:**

Fax — 888-353-2121

Mail — Clinicians Report, 3707 N Canyon Rd, Bldg 7, Provo UT 84604

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