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**Academy of General Dentistry Program Approval for Continuing Education (PACE)**

**Electronically Mediated CE Course Report – LOCAL PROGAM**

***LIST OF UPCOMING ELECTRONICALLY MEDIATED CONTINUING DENTAL EDUCATION EVENTS***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of Activity** | **Date(s) Offered** | **# of CE Hours to be Awarded** | **Expected # of Participants** | **Prerequisite (Yes/No)** | **Offered with another Program Provider? (Yes/No)** | **Received outside financial support (Yes/No)** |
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***When complete, save form to your computer and then upload to the AGD web form.***