

# ADAA FELLOWSHIP CREDIT REPORT FORM

(The information on this form must be typed or recreated on computer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Check One) Clinical Pathway: \_\_\_\_\_ Business Pathway: \_\_\_\_\_

Enrollment date: \_\_\_\_\_ ADAA Membership Number: \_\_\_\_\_

Course Sponsor Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor / Author: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Subject Code: \_\_\_\_\_ Subject: \_\_\_\_\_

Type of Credit:

Lecture  Participation  Home Study  Live Webinar

If Lecture, check all that apply:

Demonstration  Video  PowerPoint  Slides

Course Description:

**I certify that I have successfully completed the above course.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail with verification of hours to:  
**AMERICAN DENTAL ASSISTANTS ASSOCIATION**  
**35 East Wacker Drive, Suite 1730**  
**Chicago, Illinois 60601-2211**