Continuing Education Registration Form

CareFirst Family of health care plans

INSTRUCTIONS

Return the completed form to:

- CareFirst BlueCross BlueShield
  1501 S. Clinton Street—Mail Stop CT09-09
  Baltimore, Maryland 21224
  Attn: Dental Director's Office
- Fax: 410-781-0770
- Email: **dentaldepartmentfax@carefirst.com**

For additional information contact Rosa Nagle at 410-605-2697.

Space is limited—In the event we exceed full capacity, participants will be notified prior to course date.

Academy of General Dentistry PACE Program Approval for Continuing Education

CareFirst BlueCross BlueShield is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 1/1/2012 to 12/31/2021. 333354

GENERAL INFORMATION

Name	Degree	
Address		
City	State	ZIP
Email	Work Phone	Cell Phone

SPECIALTY

(This course is **ONLY** open to dentists, physicians, nurses and dental hygienists.)

- ◯ Dental Hygiene (RDH)
- ◯ Endodontist
- ◯ General Dentistry
- ◯ Nurse
- ◯ Oral Surgery
- ◯ Orthodontist
- ◯ Pediatric Dentist
- ◯ Periodontist
- ◯ Physician
- ◯ Prosthodontic

COURSE INFORMATION

Course Title		Credit Hours
Presenter	Date of Course	Time
Location CareFirst BlueCross BlueShield at Canton Crossing, 1501 S. Clinton Street, Baltimore, Maryland 21224		

PROVIDER'S CAREFIRST PARTICIPATING NETWORK

List all that apply (Dental Hygeninist/Nurse use employer's participating network)

- ◯ Participating (Traditional)
- ◯ Preferred (PPO)
- ◯ The Dental Network (DHMO)
- ◯ Non-Participating

Attendee's Professional License #

Provider #/Tax Identification # (Dental Hygeninist/Nurse—use employer's Provider or Tax ID #)

ACADEMY OF GENERAL DENTISTRY

Member # (if applicable)

TUITION *(Make checks payable to CareFirst BlueCross BlueShield)*

- ◯ CareFirst BlueCross BlueShield participating providers and/or their staff (Dental Hygienists/Nurses) _____
- ◯ Non-participating provider (Dentist/Physician) _____
- ◯ Non-participating provider staff (Dental Hygienist/Nurse) _____

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