



AMERICAN ACADEMY OF DENTAL HYGIENE

13 Hamilton Avenue Stamford, CT 06902-3021

### APPLICATION FOR COURSE APPROVAL

Course Title

Course Subject

Sponsoring Association/Group/Entity

Date of Course

Course times

Total Number of Hours

Location of course

**Educational Method:**

Lecture       Demonstration  
 Participation       Home Study  
 Other (Specify) \_\_\_\_\_

**Presenter Name(s):**

Last \_\_\_\_\_ First \_\_\_\_\_ Credentials \_\_\_\_\_

**Summary of Course Content:**

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