COURSE ATTENDANCE VERIFICATION

Participant's Name: Lena Sapozhnikoff

Email: info@drlenadentistry.com

License #: 054200 **State**: NY

Course Title: 1-7 Dental role in screening signs and symptoms

Speaker Name: Stacy Ochoa, DDS

Course Date: May 08 2024

Location & Educational Method: Online Self-Instruction

CDE Hours: 0.5

Participant AGD ID#: 0.5

AGD Subject Code: 149

Verification Code: VBP

Authorized Signature: Michelle Weddle

ASAP Pathway
Nationally Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or AGD endorsement.
11/1/2021 to 10/31/2024.
Provider ID# 398507

Keep this form for your records.

AGD Members: ASAP Pathway will submit attendance verification to the AGD on your behalf.

Please allow at least 60 days for documentation of participation to be added to your transcript.