

College of Denturists of BC

Quality Assurance Committee  
Request for Course Approval

<b>Title of Course:</b>	<b>Course Sponsored By:</b>
<b>Date of Submission:</b>	<b>Date of Course:</b>
<b>Hours Requested:</b>  Direct <input type="checkbox"/>  Indirect <input type="checkbox"/>	<b>Name of Person Submitting Request:</b>

**Presenters Biography and/or Qualifications:**

**Name:**

**Qualifications:**

**Bio Attached    YES**   
**NO**

**Write Specific Information About the Course: (Attach a course outline if you have it)**

**Describe How This Course (Directly or Indirectly) Relates to Denturism? (see section 11-12 & 11-13 of the Handbook for Registrants):**

<b>Approved by the Committee:</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>How Many Hours:</b>
<b>Date Approved:</b>	<b>Direct or Indirect Hours:</b> Direct Hours: Indirect Hours:

