

Professional Activity Record (PAR):

May 1, 201_ to April 30, 201_

CDHM# _____

1. Please provide a synopsis of the Professional Activity you participated in or were involved with:

(Include the benefits to you and/or the recipient of the Professional Activity)

2. Professional Activity participated in: *(please check all that apply)*

Attended Professional Annual General Meetings and/or Business Meetings

CDHM MDHA CDHA UMSDHAA Other _____

Date and location of meeting(s): _____

Served on professional boards, councils, or committees

Name of Board, Council or Committee: _____

Date(s) of Meetings: _____

Name of Board, Council or Committee: _____

Date(s) of Meetings: _____

Provided information sessions/ workshops/ courses/programs (professional or community related)

Name of session/workshop/course: _____

Date(s) of Session: _____

Served as dental hygiene mentor (approved by the CDHM)

MDHA / U of M Other _____

Involvement in a community outreach programs

Name/Type of Program: _____

Date(s) of Activity: _____

Other: (Please Specify) _____