



Updated April 2017

REQUEST FOR APPROVAL FURTHER EDUCATION

Pleaser provide as many details for the management to process

From:	Surgery:
Course Date:.....	Total Value \$.....
Course supplied by;	
Brief Description of course outcomes :.....	
.....	
.....	
.....	

Details of the request courses; and date`s CDP Points

Brief on how you and the surgery will benefit:.....
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Signed (Dentist / Therapist / Hygienist / Manager / Nurse)

Print Name Date

OFFICE USE ONLY:

Date Received	Comments:
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Date Approved / Rejected	Comments:
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Date return to applicant	
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