



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

October 13, 2008

Pro CPR LLC
Attn: Jody Marvin
4630 Plainfield Ave NE
Grand Rapids MI 49525

Subject: APPLICATION FOR DENTAL CONTINUING EDUCATION SPONSORSHIP

Dear Ms. Marvin:

The Michigan Board of Dentistry has approved your organization as a continuing education program sponsor. The approval number assigned to this program sponsor is **299080038**, which will expire **08/31/2012**.

Enclosed please find a Continuing Education Program List form for you to use for submission of any additional programs that will be sponsored by your organization.

In granting this approval, the Board requires that you will comply with all of the following in regard to licensee attendance:

- Attendance must be closely monitored in accordance with the attendance procedures submitted with the program sponsor approval application.
- Attendance records must be maintained and written letter and/or certificates of attendance must be provided to each licensee, and only those licensees, in actual physical attendance.

All certificates should show the following for use in Michigan for continuing education credit:

- | | |
|--|--|
| <input type="checkbox"/> Name of the sponsor | <input type="checkbox"/> Name of the program |
| <input type="checkbox"/> Name of the attendee | <input type="checkbox"/> Date of the program |
| <input type="checkbox"/> The sponsor approval number | |
| <input type="checkbox"/> Number of hours earned | |
| <input type="checkbox"/> The signature of the person responsible for attendance monitoring & their title | |

Feel free to contact our office at the number below with questions regarding continuing education sponsor approval. Using the following prompts will assist you with navigation of our automated telephone system: 1-2-4-3.

Sincerely,

Stacie C. Noel
Licensing Division
Credentials Unit