



COLLEGE OF DENTAL ASSISTANTS OF
SASKATCHEWAN

Infection Prevention & Control (IPC) Proof of Attendance Form

Authorized by Employer

Please answer to the following questions. This information will be used for verification purposes.

CDAS Registrant Information:

Name: Jane Doe CDAS License Number: 0000
Phone Number: 555-1234 Email: janedoe@fakeaccount.com

Employer Information:

Name: Dental Clinic Phone Number: 555-4321
Email: dentalclinic@fakeaccount.com Location: Regina, SK

Event approved for Infection Prevention Requirement or Professional Development Credit

Date of the Event: 05/27/2025 Length of Event:(1hr=1pt): 1 hour
Location of Event: Regina, SK
What was the event about?: Infection Prevention + Control Standards in the Oral Health Care Facility
Event Organizer Name: Dr. John Doe

Tell us why it was approved for IPC requirements and or professional development credits for annual licensing requirements:

Our office completed our annual review of the "Infection Prevention + Control Standards in the Oral Health Care Facility" as provided by CDSS.

John Doe

Employer Signature
Approving Event Material

Jane Doe

CDAS Registrant Signature
For Record of Attendance