



**Board of Dental Examiners of Alabama**  
Alabama Dental Professionals Wellness Committee  
Michael C. Garver, DMD, Director

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**CONFIRMATION OF MEETING ATTENDANCE**

**Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

Please confirm that \_\_\_\_\_,  
attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus,**  
on \_\_\_\_\_ at \_\_\_\_\_.

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

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attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus,**  
on \_\_\_\_\_ at \_\_\_\_\_.

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**Signed:** \_\_\_\_\_