Board of Dental Examiners of Alabama

Alabama Impaired Professionals' Committee
Dr. John Bennett, AIPC Chair
Email: jcbennettdmd0414@gmail.com

(Due by the 1st, late on the 10th.)

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**:__________________________

Please confirm that ____,
attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus**, on
____________________________ at_______________________.

Signed:_______________________________

Name:________________________________ **Month/Year**:__________________________

Please confirm that ____,
attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus**, on
____________________________ at_______________________.

Signed:_______________________________

Name:________________________________ **Month/Year**:__________________________

Please confirm that ____,
attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus**, on
____________________________ at_______________________.

Signed:_______________________________

Name:________________________________ **Month/Year**:__________________________

Please confirm that ____,
attended the following meeting (circle): **A.A.** **N.A.** **C.A.** **Caduceus**, on
____________________________ at_______________________.

Signed:_______________________________