



**Verification Form for Retired Dentists  
New Orleans Dental Conference & LDA Annual Session**

Return this form via e-mail [gina@nodental.org](mailto:gina@nodental.org), via fax (504) 838-6909 or mail to New Orleans Dental Conference & LDA Annual Session, 2121 N. Causeway Blvd., Suite 153, Metairie, LA 70001. Then register online or by mail.

In an effort to comply with the ADA affidavit for retired status, we ask that you complete and sign the following information.

I, Dr. \_\_\_\_\_, ADA ID \_\_\_\_\_  
(if applicable)

have retired from the private practice of dentistry effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_, and  
MM DD YYYY

I am no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

**Dentist's signature** \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #, E-mail address

Is this:  Home  Office



ADA CER-P is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CER-P does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a C.E. provider may be directed to the provider or to ADA CER-P at [www.ada.org/cerp](http://www.ada.org/cerp). NODA designates this activity for up to 20 continuing education credits.