Application for ABFO Approval of Forensic Dental Education Course for Board Certification and/or Diplomate Continuing Education

Original Approval		<u>X</u>	Re-approval		
Date re	equest received by ABI	FO C&E committee			
1.	Name of course: _	Name of course: McGill University Forensic Dentistry Program			
2.	Department/orga	Department/organization/agency or institution requesting accreditation:			
	Faculty of Dental	Medicine and Oral He	alth Sciences, Continu	uing Education, McGill Universit	
3.	Complete Mailing Address: 2001 McGill College Ave., Suite 500, Montreal, QC, Canada, H3A 1G1				
4.		Dr Robert Dorion			
5.	Telephone numbe	Telephone number:514-398-4314			
6.		E-mail:robert.dorion@mcgill.ca			
7.	Web Page (if appl	Web Page (if applicable): https://www.mcgillcde.ca/forensic-dentistry			
8.	Total Number of (Total Number of Course Hours Requested: 300			
9.		Course brochure must be provided. Date received 4-7-2023 (may be attached or sent electronically)			
10	0 11	Attachment 2: Copy of course materials/outlines			
Total Hours Approved:		Credit for Board Cer	tification	300	
		Credit for Recertifica	ition CE	300	
Appro	val Expires:			4-17-2028	
Chair,	ABFO Certification and	Examination Commit	tee	<u>Cfa</u> 4-12-2023	