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

___ Original Approval  ___ Re-approval

Date request received by ABFO C&E committee

1. Name of course: _McGill University Forensic Dentistry Program_

2. Department/organization/agency or institution requesting accreditation:
   Faculty of Dental Medicine and Oral Health Sciences, Continuing Education, McGill University

3. Complete Mailing Address:
   2001 McGill College Ave., Suite 500, Montreal, QC, Canada, H3A 1G1

4. Contact Person: _Dr Robert Dorion_

5. Telephone number: _514-398-4314_

6. E-mail: _robert.dorion@mcgill.ca_


8. 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. For original approval the following documents must be provided:
    (may be attached or sent electronically)
    Attachment 1: Curriculum vitae of all instructors
    Attachment 2: Copy of course materials/ outlines
    Attachment 3: Copy of course schedule including actual hours of instruction

Total Hours Approved: Credit for Board Certification _300_
Credit for Recertification CE _300_

Approval Expires: _4-17-2028_

Chair, ABFO Certification and Examination Committee

[Signature]

4-17-2023