



**AMERICAN ACADEMY
OF OROFACIAL PAIN**

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AAOP PODCAST CONTINUING EDUCATION CREDIT VERIFICATION

Participant's Name: _____

Signature: _____

State and License #: _____

Participant AGD ID# _____ Total CE 1 hr.


Course Title: **AAOP Podcast #11: Dr. Schiffman: TMD Research, Patient Care and Diagnostic Criteria**

Course Date: _____

Location: Online

Verification Code: 200

AAOP Authorized Signature:



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AAOP President

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