

Basic Financial Statement Analysis (It's not as scary as you think!)

Name:	Title:	Specialty:	
Address:	E-mail:		
City:	State:	ZIP:	Country:
Telephone: Home ()	Office ()		
Lic. Renewal Date:	AGD Member ID:		

Requirements for successful completion of the course and to obtain dental continuing education credits: 1) Read the entire course. 2) Complete all information above. 3) Complete answers sheets in either pen or pencil. 4) Mark only one answer for each question. 5) A score of 70% on this test will earn you 2 CE credits. 6) Complete the Course Evaluation below. 7) Make check payable to PennWell Corp. **For Questions Call 216.398.7822**

Educational Objectives

1. Identify a balance sheet and income statement.
2. Analyze information obtained from financial statements using basic financial ratios.
3. Implement financial evaluations in the dental practice.

Course Evaluation

1. Were the individual course objectives met? Objective #1: Yes No **No**

Please evaluate this course by responding to the following statements using a scale of Excellent=5 to Poor=0.

- | | | | | | | |
|---|-------|---|---|---|-----|----|
| 2. To what extent were the course objectives accomplished overall? | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. Please rate your personal mastery of the course objectives. | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. How would you rate the objectives and educational methods? | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. How do you rate the author's grasp of the topic? | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Please rate the instructor's effectiveness. | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Was the overall administration of the course effective? | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Please rate the usefulness and clinical applicability of this course. | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Please rate the usefulness of the supplemental webliography. | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. Do you feel that the references were adequate? | | | | | Yes | No |
| 11. Would you participate in a similar program on a different topic? | | | | | Yes | No |
| 12. If any of the continuing education questions were unclear or ambiguous, please list them. | _____ | | | | | |

13. Was there any subject matter you found confusing? Please describe.

14. How long did it take you to complete this course?

15. What additional continuing dental education topics would you like to see?

If not taking online, mail completed answer sheet to
Academy of Dental Therapeutics and Stomatology,
 A Division of PennWell Corp.

P.O. Box 116, Chesterland, OH 44026
 or fax to: (440) 845-3447

For IMMEDIATE results,
 go to www.ineedce.com to take tests online.
 Answer sheets can be faxed with credit card payment to
 (440) 845-3447, (216) 398-7922, or (216) 255-6619.

☒ Payment of \$49.00 is enclosed.
 (Checks and credit cards are accepted.)

If paying by credit card, please complete the
 following: ☒ MC ☒ Visa ☒ AmEx ☒ Discover

Acct. Number: _____

Exp. Date: _____

Charges on your statement will show up as PennWell

- | | |
|---|---|
| 1. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 2. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 3. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 13. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 4. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 5. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 6. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 16. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 7. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 17. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 8. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 18. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 9. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 19. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 10. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 20. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

AGD Code 552

PLEASE PHOTOCOPY ANSWER SHEET FOR ADDITIONAL PARTICIPANTS.

COURSE EVALUATION and PARTICIPANT FEEDBACK
 We encourage participant feedback pertaining to all courses. Please be sure to complete the survey included with the course. Please e-mail all questions to: hldogdes@pennwell.com.

INSTRUCTIONS
 All questions should have only one answer. Grading of this examination is done manually. Participants will receive confirmation of passing by receipt of a verification form. Verification of Participation forms will be mailed within two weeks after taking an examination.

COURSE CREDITS/COST
 All participants scoring at least 70% on the examination will receive a verification form verifying 2 CE credits. The formal continuing education program of this sponsor is accepted by the AGD for Fellowship/Mastership credit. Please contact PennWell for current term of acceptance. Participants are urged to contact their state dental boards for continuing education requirements. PennWell is a California Provider. The California Provider number is 4527. The cost for courses ranges from \$20.00 to \$110.00.

PROVIDER INFORMATION
 PennWell is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP 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 CE Provider may be directed to the provider or to ADA CERP at www.ada.org/cotocerp/.

The PennWell Corporation is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from (11/1/2011) to (10/31/2015) Provider ID# 320452.

RECORD KEEPING
 PennWell maintains records of your successful completion of any exam for a minimum of six years. Please contact our offices for a copy of your continuing education credits report. This report, which will list all credits earned to date, will be generated and mailed to you within five business days of receipt.

Completing a single continuing education course does not provide enough information to give the participant the feeling that s/he is an expert in the field related to the course topic. It is a combination of many educational courses and clinical experience that allows the participant to develop skills and expertise.

CANCELLATION/REFUND POLICY
 Any participant who is not 100% satisfied with this course can request a full refund by contacting PennWell in writing.

IMAGE AUTHENTICITY
 The images provided and included in this course have not been altered.

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