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**Healthy Living Dentistry North West**

**HEALTHY LIVING DENTISTRY WORKSHOP**

**Dental Practice Outcomes**

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| **OUTCOME SHEET**  **All outcomes to be completed before the evidence can be submitted** | | **Evidence** | **Date achieved** |
| 1. The HLD Lead will facilitate a Healthy Living Dentistry (HLD) practice workshop to highlight the requirements of the programme.  All attendees must complete the evaluation for the ECPD certificate  Evaluation link - <https://forms.office.com/r/WFLuUK4PmV> | | Copy of practice team attendance certificate (supplied by HEE) |  |
| **PRACTICE NAME** |  | | |
| **CONTRACT NUMBER** |  | | |
| **NAME OF PROVIDER OR PRACTICE MANAGER** |  | | |
| **SIGNED** |  | | |
| **DATE COMPLETED** |  | | |
| **All evidence to be submitted to CPGM.** [**dental@cpgmhealthcare.co.uk**](mailto:dental@cpgmhealthcare.co.uk) | | | |

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| **ACCREDITATION PROCESS** | |
| **Review feedback:** |  |
| **Accreditation by:** |  |
| **SIGNATURE** |  |
| **DATE COMPLETED** |  |