


CONTINUATING EDUCATION CERTIFICATE OF COMPLETION

Provider Name: Gantes
Course Title: Integrating implants in your practice Date: 5/19/05
Registration Number: 06-3369-050002
Unit Earned: 6
Provider Signature: 

Licentiate's Name: License Number:

I certify that I completed the above course for continuing education.

Licentiate's Signature: Date:

Note: **DO NOT SEND CERTIFICATES TO THE BOARD !!!!!!!!!!!!!!!**

The above units earned may be claimed towards license renewal.
Original continuing education certificates are subject to Board audit and
should be *RETAINED by the licentiate for a period of four years.*