

CONTINUATING EDUCATION CERTIFICATE OF COMPLETION

Provider Name: Gantes – Smith - Yamada
Course Title: Implant-Perio Study Club Date: 9/15/05
Registration Number: 03-3369-050004
Unit Earned: 3
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.*