



North Dakota
DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 13, 2024**, **Daniel G. Pompa, DDS** presented a continuing education course, **“Actions & Algorithms for Medical Emergencies: How to Save a Life (Including Your Own)”** in **Bismarck, North Dakota**. Attendees of the seminar had the opportunity to obtain **7 hours** in continuing education credits.

William Sherwin, NDDA Executive Director

Certification of Attendance

I, _____, hereby certify that I attended _____ hour of the
aforementioned continuing education course.