



North Dakota DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 13, 2024**, **Jason Naud, DDS, MS** presented a continuing education course, **“Implants: from Treatment Planning to Maintenance and Complications”** in **Bismarck, North Dakota**. Attendees of the seminar had the opportunity to obtain **6 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.