



North Dakota
DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 12, 2024**, **Mary Wolf** presented a continuing education course, **“Mental Health Strategies for Ourselves, our Colleagues and our Patients”** in **Bismarck, North Dakota**. Attendees of the seminar had the opportunity to obtain **1 hour** in continuing education credits.

A handwritten signature in cursive script that reads 'William Sherwin'.

William Sherwin, NDDA Executive Director

Certification of Attendance

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