



North Dakota
DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 17, 2021**, **Jonathan Gray, DDS** presented a continuing education course, **“Medical Emergencies in the Dental Office”** in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **1.5 hours** in continuing education credits.

William Sherwin, NDDA Executive Director

Certification of Attendance

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