



## Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 18, 2025**, **Maggie Seamands, RN** presented a continuing education course, “**Supporting Dental Professionals: An Introduction to the NDPHP**” in **Fargo, 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.