



**North Dakota**  
DENTAL ASSOCIATION

### **Continuing Education Certificate**

The North Dakota Dental Association hereby certifies that on **September 19, 2025**, Dr. Jason Naud presented a continuing education course, "**Peri-Implant Disease and Implant Maintenance: Etiologies and Risk Factors**" in **Fargo, 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.