



North Dakota

DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 19, 2025**, **UND School of Medicine** presented a continuing education course, **"SIM-ND: Mobile Anesthesia Simulation for Dental Sedation Providers"** 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 _____ hour of the
aforementioned continuing education course.



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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.



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The North Dakota Dental Association hereby certifies that on **September 19, 2025**, **Dr. Marc Geissberger** presented a continuing education course, **"Making Sense of the Whitening Craze and Battling High Carries Rate in an Uncontrolled Environment"** in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **3 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.



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The North Dakota Dental Association hereby certifies that on **September 19, 2025**, **Dr. Marc Geissberger** presented a continuing education course, **"The Oral Cavity Under Acid Attack...Identifying, Understanding and Treating Caries, Erosion and other Acid Related Diseases"** in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **3 hours** in continuing education credits.



William Sherwin, NDDA Executive Director

Certification of Attendance

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aforementioned continuing education course.




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The North Dakota Dental Association hereby certifies that on **September 18, 2025**, **Stephanie Botts BSDH, RDH, CEAS** presented a continuing education course, **"Don't Let Practicing Dentistry Break Your Bod!"** in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **2 hours** in continuing education credits.



William Sherwin, NDDA Executive Director

Certification of Attendance

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aforementioned continuing education course.



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The North Dakota Dental Association hereby certifies that on **September 18, 2025**, **Dr. Derrick Bisnett** presented a continuing education course, **"Introduction to CBCT"** in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **2 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.



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The North Dakota Dental Association hereby certifies that on **September 18, 2025**, **Dr. Marc Geissberger** presented a continuing education course, "**A Hands-on Veneer Workshop: The Essence of Smile Design**" in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **4 hours** in continuing education credits.



William Sherwin, NDDA Executive Director

Certification of Attendance

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aforementioned continuing education course.



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The North Dakota Dental Association hereby certifies that on **September 18, 2025**, **Rachael Buchwitz, RN** presented a continuing education course, "**Medicaid, What's New**" in **Fargo, North Dakota**. Attendees of the seminar had the opportunity to obtain **1 hour** 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.



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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.



William Sherwin, NDDA Executive Director

Certification of Attendance

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aforementioned continuing education course.



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William Sherwin, NDDA Executive Director

Certification of Attendance

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