



North Dakota DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that on **September 18, 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.