North Dakota
DENTAL ASSOCIATION

Continuing Education Certificate

The North Dakota Dental Association hereby certifies that **Dr. Michael DiTolla** presented the continuing education course **"Stress, Resilience, and Mental Health in Dentistry"** on **September 17, 2026**, in **Bismarck, North Dakota**.

Participants who attended the seminar were eligible to receive **two (2) hours of continuing education credit**.

William Sherwin, NDDA Executive Director

Certification of Attendance

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