

CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME

DATE

Osseointegration Study Club
of Southern California

June 17, 2005

COURSE TITLE

Surgical and Prosthetic Considerations
for Implant Dentistry

REGISTRATION NUMBER

UNITS EARNED

07-2815-02005

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PROVIDER SIGNATURE

Roy T. Yanase, DDS, Treasurer

LICENTIATE'S NAME

LICENSE NUMBER

I certify that I completed the above course for continuing education

LICENTIATE'S SIGNATURE

DATE

NOTE: DO NOT SEND CERTIFICATES TO THE BOARD

The above hours earned may be claimed toward license renewal.
These original continuing education verifications are subject to
audit by the State Board of Dental Examiners and should be retained
by the licentiate in their own records.