

CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME

DATE

Osseointegration Study Club
of Southern California

September 30, 2005

COURSE TITLE

Biomechanics and Implant Design
and
Hard and Soft Tissue Surgery for Esthetics

REGISTRATION NUMBER

UNITS EARNED

07-2815-03005

7

PROVIDER SIGNATURE



ROY T. YANASE, DDS, TREASURER

BERNARD GANTES, DDS, SECRETARY

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.