

[NAME OF PROGRAM/COURSE]

[PROGRAM/COURSE FACILITY ADDRESS]

CERTIFICATE OF COMPLETION

This certifies that

[PARTICIPANT'S NAME]

Has Successfully completed the

REGISTERED DENTAL ASSISTING PROGRAM **[NAME OF PROGRAM]**

800 Hours **[NUMBER OF PROGRAM HOURS]**

December 10, 2025 – August 1, 2025

DATE(S) OF COMPLETION OF PROGRAM

Which included successful completion of the following courses:

Coronal Polishing [Number of Hours], Radiation Safety [Number of Hours], Pit and Fissure Sealants [Number of Hours], the Dental Practice Act [Number of Hours], and Infection Control [Number of Hours]

[SIGNATURE OF THE PROGRAM PROVIDER, DIRECTOR, ADMINISTRATOR, OR THEIR DESIGNEE]

[BOARD ISSUED APPROVAL NUMBER]