

[NAME OF PROGRAM/COURSE]

[PROGRAM/COURSE FACILITY ADDRESS]

CERTIFICATE OF COMPLETION

This certifies that

[PARTICIPANT'S NAME]

Has Successfully completed the

CORONAL POLISHING COURSE [NAME OF COURSE]

12 Hours **[NUMBER OF COURSE HOURS]**

December 10, 2025 – December 11, 2025

DATE(S) OF COMPLETION OF COURSE

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

[BOARD ISSUED APPROVAL NUMBER]