

CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc., Continuing Dental Education Program.

Dr. Geoffrey Skinner

PROGRAM PROVIDER: **Align Technology, Inc.**

DATE: **November 18, 2016**

COURSE TITLE: **Invisalign Fundamentals**

EDUCATIONAL METHOD: **Lecture**

INSTRUCTOR NAME: **Dr. C. Edward Sauer, Jr.**

COURSE LOCATION: **Portland, OR**

CODE: **377 - Removable Orthodontic Appliances**

INVISALIGN COURSE COMPLETION CODE: **490846**

CE: **4 hours**



Dr. René Sterental
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Approved PACE Program Provider FAGD/MAGD credit.
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