

# Certificate of Completion

Iowa Dental Board

ADA/CDC: “Improving Opioid Prescribing” Webinar

Name: \_\_\_\_\_

Lic/Reg. #: \_\_\_\_\_

With my signature, I hereby certify that I completed the self-study course named above, offered by the American Dental Association and the Centers for Disease Control and Prevention. This course has been approved to meet the requirement for continuing education in the area of opioids. This certificate should be maintained for 4 years after completion.

CEU: 1.0 hours (Self-study)

Signature: \_\_\_\_\_ Date of completion: \_\_\_\_\_