

# Certificate of Completion

Iowa Dental Board  
Iowa Jurisprudence

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

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

With my signature, I hereby certify that I completed the self-study course in jurisprudence presented by the Iowa Dental Board. This certificate should be maintained for 4 years after completion.

CEU: 1.0 hours (Self-study)

Signature: \_\_\_\_\_

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