

Certificate of Completion

Iowa Dental Board
Iowa Jurisprudence
May 1, 2020

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: _____