

Certification of Course Completion

This is to certify that _____ has fulfilled the
Orthodontic Assistant Permit (OAP) Staff Training Course program
requirements as established by the Dental Board of California.

(Authorized OAP Provider)

(Authorization #)

(Date of course completion)

(Hours of Training Completed)

"For the things we have to learn before we can do them, we learn by doing them." ~ Aristotle ~