



Continuing Education Verification of Participation

CAN YOU STOP A COCCUS, AND DO YOU REALLY WANT TO?

(Lecture-based webinar)

On-Demand; Instructed by Dr. Brian Novy

Participant Name: _____

Participant Address: _____

The Virginia Dental Association verifies that _____ participated in the lecture based continuing education course *CAN YOU STOP A COCCUS, AND DO YOU REALLY WANT TO?*, presented by Dr. Brian Novy, on (Day/Month/Year) _____ for 2 CE credit hours.

The course completion code is **0319**.

Participants should retain this document for their records.

Verified by:

A handwritten signature in black ink, appearing to read "Megan Wyman".

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