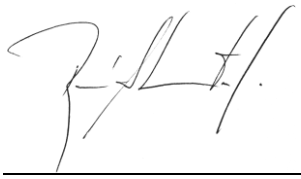
CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc. Professional Education Department.

Attendee Information	**Name:**	
	Signature:	
	License Number:	
	Address:	
	City/State/Zip:	
Course Information	**Date:**	March 10,2016
	Location:	Brooklyn, NY
	Instructor:	Dr. William Kottemann
	Registration Code:	505576

Program Provider: **Align Technology, Inc.**
Course Title: **ClinCheck Optimization and Attachment Protocols**
Educational Method: **Lecture**
CE Hours: **3**



Dr. René Sterental
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