



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Office of Dental Health

Certificate of Completion

One Hour of Continuing Education Credit

Name: _____ has completed the **Oral**
Screeener Calibration Course for the Preventive Services Program.

Date Completed: _____

The Preventive Services Program is offered as a service of the Missouri Department of Health and Senior Services, Office of Dental Health.

For more information go to: psp.health.mo.gov

Email: oralhealth@health.mo.gov

or call 573-751-6182