Certificate of Completion

3D Scanning and Innovation in Denture Care for Care Homes

This is to certify that:

_____ (Learner Name)

has completed a 1-hour CPD activity including video-based learning and peer discussion.

Peer Verification

We confirm that we have completed the course videos together and held a peer discussion around the subject.

Name: _____ Name: _____

GDC No: _____ GDC No: _____

Signature: _____ Signature: _____

Date: ____ / ____ / _____

Provider: Dental Health Service (DHS)
This CPD activity meets GDC development outcomes C & D (communication and maintaining professionalism).