



CERTIFICATION OF PARTICIPATION IN CONTINUING EDUCATION

This is to certify that: First Name, Last Name

Address:

State: License #: OE Tracker#

Has earned one (1) hour of Continuing Education Course Work offered by Western University of Health Sciences College of Optometry

COURSE TITLE: Medication Assisted Treatment

INSTRUCTOR: David Baron, DO

VIA: Western University of Health Sciences College of Optometry

ON:

Tiffany Witherspoon, Director of Continuing Education