



Special Olympics
1133 19th Street NW
Washington, D.C. 20036-3604

This is to acknowledge that

_____ (CE Course Attendee)

has completed the continuing education/participation program

**Special Olympics Special Smiles (SOSS)
Dental Screening Initiative**

Presented by: _____

This course was presented on _____ at _____
(Date) (City/State)

and the Attendee earned ____ continuing education/participation credit hour(s).

Steven P. Perlman DDS, MScD
Global Clinical Advisor and Founder
Special Olympics Special Smiles

Local SOSS Clinical Director

Academy of General Dentistry
Approved PACE Program Provider
FAGD/MAGD Credit
2/1/2014 to 1/31/2019
Special Olympics Provider ID # 314351