CERTIFICATE OF PARTICIPATION

	This certifies that:
	(Name of Participant)
	has participated in the educational activity entitled:
Ozone and Your Patients' Health	
	provided by the U.S. EPA
	(Date of Activity)
EPA has reviewed the course and suggests this activity is acceptable for up to 1.5 hours of credit.	
	I participated in credits of this activity.
	Participant's Signature Date