

# SMART STEPS

This certificate is awarded to

\_\_\_\_\_ (Your Name)

on \_\_\_\_\_ for successfully completing the  
(Date)

**SMART STEPS**  
oral health program.

**Congratulations! Happy Smiles!**

Teacher: \_\_\_\_\_



**Keep up the good work!**

**Brush, floss, and rinse every day, and you will  
take the SMART STEPS to beautiful smiles!**

