*(date)*

I, *(name of board-certified sleep physician)*, certify that *(name of dentist)* spent *(number of hours)* hours observing at *(name of sleep center)* located at *(sleep center address)* in *(city)*, *(state)*. *(name of dentist)* observed *(describe what was observed and the date[s] the observation took place).*

*(board-certified sleep physician’s signature)*

*(name of board-certified sleep physician in print)*