

**Continuing Professional Education Certificate of Attendance
-Attendee Copy-**

Participant Name: _____

RD/RDN/DTR Number: _____

Session Title: International Dysphagia Diet Standardisation Initiative (IDDSI): USA
And Global Readiness

CDR Activity Number: 135813

Date Completed: _____ CPEUs Awarded: 1.5

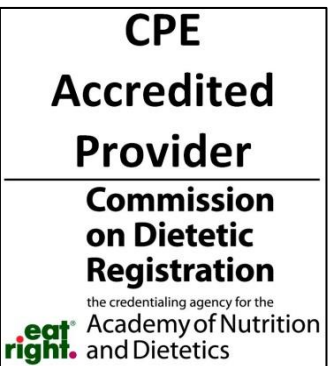
Learning Need Code: _____ CPE Level: 2

Diane M. Enos, MPH, RD, FAND
Provider Signature

PROVIDER #: AM003

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**Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*



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