

CPE

**Accredited
Provider**

**Commission
on Dietetic
Registration**

 the credentialing agency for the
Academy of Nutrition
and Dietetics

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

Participant Name: _____

Registration Number: _____

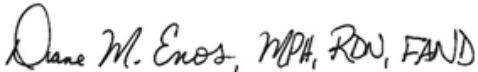
Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Code: **AM003**



Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For Pls*

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

Participant Name: _____

Registration Number: _____

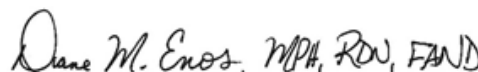
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