

**CPE**

**Continuing Professional Education Certificate of Attendance**

**Accredited**

**- Attendee Copy-**

**Provider**

**Commission  
on Dietetic  
Registration**

the credentialing agency for the  
**eat right.** Academy of Nutrition  
and Dietetics

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Activity Title: \_\_\_\_\_  
\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Performance Indicator(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

Provider Code: **AM003**  
\_\_\_\_\_

*Diane M. Enos, MPH, RD, FAND*

Provider Signature

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

**CPE**

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Participant Name: \_\_\_\_\_

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Provider Code: **AM003**  
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*Diane M. Enos, MPH, RD, FAND*

Provider Signature

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