Continuing Professional Education Certificate of Attendance **CPE** - Attendee Copy-**Accredited Provider** Participant Name: ______ Commission Registration Number: on Dietetic Registration the credentialing agency for the Academy of Nutrition and Dietetics Activity Title: Activity Number: _____ Number of CPEUs Awarded: Date Completed: *Performance Indicator(s): _____ CPE Level: ____ Provider Code: AM003 M. Enos. MPA, ROV, FAND **RETAIN ORIGINAL COPY FOR YOUR RECORDS** *Refer to your Professional Development Portfolio Guide For PIs

СРЕ	Continuing Professional Education Certificate of Attendance		
Accredited		- Licensure Copy-	
Provider	Participant Name:		
Commission on Dietetic Registration	Registration Number:		
the credentialing agency for the Academy of Nutrition right. and Dietetics	Activity Title:		
	Activity Number:		
	Date Completed:	Number of CPEUs Awarded:	
	*Performance Indicator(s):		
		Provider Code:	AM003
Dane M. Enos, MPH, ROV, FAND		_	
Provider Signature		RETAIN ORIGINAL COPY FOR YOUR RECORDS *Refer to your Professional Development Portfolio Guide For Pls	