


**COPY I: ATTENDANCE VERIFICATION FORM**


Please identify Learning Need Codes that best represent the majority of the exhibits/poster sessions visited per time period and record the Learning Need Codes on your Learning Activities Log. **You can make extra copies of this attendance form as needed.** Retain a copy of this completed form in your *Guide* in the event that you are audited by CDR.

**Please print and save a copy of this form for your files.**

<p><b>CPE Accredited Provider</b></p> <p><b>Commission on Dietetic Registration</b></p> <p><small>the credentialing agency for the</small>   Academy of Nutrition and Dietetics</p>	<p><b>Continuing Professional Education – POSTERS AND EXHIBITS</b></p> <p>Academy of Nutrition and Dietetics – 2019 Food &amp; Nutrition Conference &amp; Expo™ (FNCE®)</p> <p>October 26-29, 2019 – Philadelphia, PA</p> <p><b>-Attendee Copy-</b></p>			
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>			
	Date	Time	Learning Need Code*	Performance Indicators*
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><u>Pari Shaniel, MBA, RDN</u></p> <p><b>Provider Signature</b></p>			<p><b>PROVIDER #: AM003</b></p>	
				<p><b>RETAIN ORIGINAL COPY FOR YOUR RECORDS</b></p> <p><i>*Refer to your Professional Development Portfolio Learning Plan</i></p>

**COPY II: STATE LICENSURE VERIFICATION FORM**

Please complete and present a completed form to your Licensure Board upon request.

<p><b>CPE Accredited Provider</b></p> <p><b>Commission on Dietetic Registration</b></p> <p><small>the credentialing agency for the</small>   Academy of Nutrition and Dietetics</p>	<p><b>Continuing Professional Education – POSTERS AND EXHIBITS</b></p> <p>Academy of Nutrition and Dietetics – 2019 Food &amp; Nutrition Conference &amp; Expo™ (FNCE®)</p> <p>October 26-29, 2019 – Philadelphia, PA</p> <p><b>-Licensure Copy-</b></p>			
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>			
	Date	Time	Learning Need Code*	Performance Indicators*
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Exhibits/Poster Sessions Visited _____, 2019	____ : ____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><u>Pari Shaniel, MBA, RDN</u></p> <p><b>Provider Signature</b></p>			<p><b>PROVIDER #: AM003</b></p>	
				<p><b>RETAIN ORIGINAL COPY FOR YOUR RECORDS</b></p> <p><i>*Refer to your Professional Development Portfolio Learning Plan</i></p>