



COPY I: ATTENDANCE VERIFICATION FORM



Please identify Performance Indicators that best represent the majority of the exhibits/poster sessions visited per time period and record the Performance Indicators 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>CPE Accredited Provider</p> <p>Commission on Dietetic Registration</p> <p><small>the credentialing agency for the</small>  Academy of Nutrition and Dietetics</p>	<p>Continuing Professional Education – POSTERS AND EXHIBITS</p> <p>Academy of Nutrition and Dietetics – 2020 Food & Nutrition Conference & Expo™ (FNCE®) October 17-20, 2020 – Virtual -Attendee Copy-</p>		
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>		
	Date	Time	Performance Indicators*
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p> Provider Signature</p>			<p>PROVIDER #: AM003</p>
			<p>RETAIN ORIGINAL COPY FOR YOUR RECORDS</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>CPE Accredited Provider</p> <p>Commission on Dietetic Registration</p> <p><small>the credentialing agency for the</small>  Academy of Nutrition and Dietetics</p>	<p>Continuing Professional Education – POSTERS AND EXHIBITS</p> <p>Academy of Nutrition and Dietetics – 2020 Food & Nutrition Conference & Expo™ (FNCE®) October 17-20, 2020 – Virtual -Licensure Copy-</p>		
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>		
	Date	Time	Performance Indicators*
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2020	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p> Provider Signature</p>			<p>PROVIDER #: AM003</p>
			<p>RETAIN ORIGINAL COPY FOR YOUR RECORDS</p> <p><i>*Refer to your Professional Development Portfolio Learning Plan</i></p>