## Commission

## $Continuing \ Professional \ Education \ Certificate \ of \ Attendance$ - Attendee Conv-

	- Attended copy-
Participant Name:	
Registration Number:	Provider Code:
Provider Name:	
Activity Title:	
Activity Number:	
Date Completed:	Number of CPEUs Awarded:
*Performance Indicator(s):	CPE Level:
	RETAIN ORIGINAL COPY FOR YOUR RECORDS
	Registration Number:  Provider Name:  Activity Title:  Activity Number:

	Commission on Dietetic
	Registration
eat right.	Academy of Nutritio and Dietetics

Provider Signature

## $Continuing \ Professional \ Education \ Certificate \ of \ Attendance$ - Licensure Copy-

Participant Name:	
Registration Number:	Provider Code:
Provider Name:	
Activity Title:	
Activity Number:	
Date Completed:	Number of CPEUs Awarded:
*Performance Indicator(s):	CPE Level:

RETAIN ORIGINAL COPY FOR YOUR RECORDS

\*Refer to your Professional Development Portfolio Guide ForPIs