

**Commission
on Dietetic
Registration**

 the credentialing agency for the
Academy of Nutrition
and Dietetics

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

Participant Name: _____

Registration Number: _____

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Suggested Learning Need Code(s): _____

*Suggested Performance Indicator(s): _____

Diane M. Enos, MPH, RDW, FAND
Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS
**Refer to your Professional Development Portfolio Guide For LNCs or Pls*

**Commission
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Registration**

 the credentialing agency for the
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Continuing Professional Education Certificate of Attendance
—Licensure Copy—

Participant Name: _____

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Activity Title: _____

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Date Completed: _____ Number of CPEUs Awarded: _____

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