

**CPE**

**Accredited  
Provider**

**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: \_\_\_\_\_

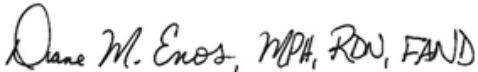
Activity Title: \_\_\_\_\_  
\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Performance Indicator(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

Provider Code: **AM003**



Provider Signature

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*\*Refer to your Professional Development Portfolio Guide For Pls*

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**Continuing Professional Education Certificate of Attendance  
- Licensure Copy-**

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

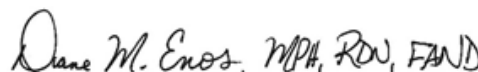
Activity Title: \_\_\_\_\_  
\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

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