Commission

$Continuing \, Professional \, Education \, Certificate \, of \, Attendance$ - Attendee Copy-

on Dietetic Registration		• •	
the credentialing agency for the Academy of Nutrition and Dietetics	Participant Name:		
	Registration Number:	Provider Code:	
	Provider Name:		
	Activity Title:		
	Activity Number:		
	Date Completed:	Number of CPEUs Awarded:	
	*Performance Indicator(s):	CPE Level:	
Kara Behlke		RETAIN ORIGINAL COPY FOR YOUR RECORDS	
Provider Signature		*Refer to your Professional Development Portfolio Guide ForPIs	

	Commission on Dietetic Registration	
eat	the credentialing agency for the Academy of Nutrition	

 $Continuing \ Professional \ Education \ Certificate \ of \ Attendance$ - 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:

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Provider Signature

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*Refer to your Professional Development Portfolio Guide ForPIs