Commission on Dietetic Registration

Continuing Professional Education Certificate of **Attendance**—**Attendee** Copy—

Registration	— /	Attendee Copy—
the credentialing agency for the Academy of Nutrition and Dietetics	Participant Name:	
	Registration Number:	
	Activity Title:	
	Activity Number:	
	Date Completed:	Number of CPEUs Awarded:
	*Suggested Performance Inc	licator(s):
Headhuffeal, MS, RD, Provider Signature	DN,CLT	RETAIN ORIGINAL COPY FOR YOUR RECORDS *Refer to your Professional Development Portfolio Guide For Pls

Commission on Dietetic Registration

the credentialing agency for the Academy of Nutrition right. and Dietetics

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

Participant Name:			
Registration Number:			
Activity Title:			
Activity Number:			
Date Completed:	Number of CPEUs Awarded:		
Suggested Performance Indicator(s):			

Healher/leal, MS, RD, LDN, CLT

Provider Signature

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*Refer to your Professional Development Portfolio Guide For PIs