

CPE

**Accredited
Provider**

**Commission
on Dietetic
Registration**

the credentialing agency for the
eat right. 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: _____

*Learning Need Code(s): _____ CPE Level: _____

Provider Code: _____

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

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Participant Name: _____

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