Continuing Professional Education Certificate of Attendance CPE - Attendee Copy-Accredited **Provider** Participant Name: _____ Commission Registration Number: _____ Provider Code: _____ on Dietetic Registration the credentialing agency for the Academy of Nutrition and Dietetics Provider Name: Activity Title: _____ Activity Number: Date Completed: _____ Number of CPEUs Awarded: _____ *Performance Indicator(s): _____ CPE Level: _____ RETAIN ORIGINAL COPY FOR YOUR RECORDS Provider Signature *Refer to your Professional Development Portfolio Guide ForPIs

CPE Accredited	Continuing Professional Education Certificate of Attendance - Licensure Copy-	
Provider	Participant Name:	
Commission on Dietetic	Registration Number:	Provider Code:
Registration the credentaling agency for the Academy of Nutrition and Dietetics	Provider Name:	
	Activity Title:	
	Activity Number:	
	Date Completed:	Number of CPEUs Awarded:
	*Performance Indicator(s):	CPE Level:
		RETAIN ORIGINAL COPY FOR YOUR RECORDS
Provider Signature		 *Refer to your Professional Development Portfolio Guide For Pls