

CERTIFICATE OF PARTICIPATION

This certifies that:

(Name of Physician Participant)

has participated in the educational activity entitled:

Nutrition and Bone Health Across the Lifespan

(Title of CME Activity)

provided by: National Dairy Council

(Name of CME Provider)

3/31/2021

(Date of Activity)

Rosemont, Illinois

(City/State of Activity)

and is awarded up to 1.0 credits.

This live activity, Nutrition and Bone Health Across the Lifespan with a beginning date of 3/31/2021 has been reviewed and is acceptable for up to 1.0 Elective credit(s) by the American Academy of Family Physicians. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

Physician Participant's Signature

Date

Kerry Clifford

Signature of CME Activity Director

April 25, 2021

Date