

# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_  
(Name of Physician Participant)

has participated in the educational activity entitled:

The Ethics of Hunger. Nourishing Communities in Need

(Title of CME Activity)

provided by: National Dairy Council

(Name of CME Provider)

September 30, 2020

(Date of Activity)

Rosemont, IL

(City/State of Activity)

and is awarded up to 1.5 credits.

This [activity type] activity, [activity title], with a beginning date of [activity dates] has been reviewed and is acceptable for up to 1.5 **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, MS, RD

Signature of CME Activity Director

October 14, 2020

Date