

CERTIFICATE OF PARTICIPATION

This certifies that:

_____ (Name of Physician Participant)

has participated in the educational activity entitled:

Dairy DYK: Your Top Questions Answered
(Title of CME Activity)

provided by: National Dairy Council
(Name of CME Provider)

12/12/2019 Rosemont, Illinois
(Date of Activity) (City/State of Activity)

and is awarded up to 1.0 credits.

This live activity, Dairy DYK: Your Top Questions Answered, with a beginning date of 12/12/2019 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

Javier Gutierrez, MS, RN

Signature of CME Activity Director

12-12-19

Date