Commission

Provider Signature

$Continuing \, Professional \, Education \, Certificate \, of \, Attendance$ - Attendee Copy-

| on Dietetic Registration the credentaling agency for the Academy of Nutrition right. and Dietetics | Participant Name: | Jamie Ripperge | • , | |
|--|--------------------------|----------------|---|--|
| Provider Signature | Registration Number: | 812503 | Provider Code: | |
| | Dravidar Nama: | ± ' | Academy of Nutrition and Dietetics | |
| | Activity Title: | | | |
| | | | | |
| | Activity Number: | | | |
| | Date Completed: | Numb | er of CPEUs Awarded: | |
| | *Performance Indicator(s | ·): | CPE Level: | |
| | Coff) | | NAL COPY FOR YOUR RECORDS Professional Development Portfolio Guide ForPIs | |

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