Commission on Dietetic Registration

Continuing Professional Education Certificate of Attendance - Attendee Copy-

| the cred | gistration entialing agency for the demy of Nutrition Dietetics | Participant Name: | | | |
|--------------------|--|----------------------------|--|--|--|
| | | Registration Number: | Provider Code: | | |
| | | Provider Name: | | | |
| | | Activity Title: | | | |
| | | | | | |
| | | Activity Number: | | | |
| | | Date Completed: | Number of CPEUs Awarded: | | |
| | | *Performance Indicator(s): | CPE Level: | | |
| | Lorna C | O'Connell | RETAIN ORIGINAL COPY FOR YOUR RECORDS | | |
| Provider Signature | | | *Refer to your Professional Development Portfolio Guide ForPls | | |

| | Continuing Professional Educatior | n Certificate of Attendance |
|---------------------------------------|-----------------------------------|-----------------------------|
| Commission Dietetic Registration | - Licensure C | Copy - |
| Academy of No right. and Dietetics | | |
| | D. C. M. M. J. | |

Participant Name: ________ Provider Code: ________ Provider Name: _______ Activity Title: _______ Activity Number: ______ Number of CPEUs Awarded: _______ *Performance Indicator(s): ______ CPE Level: ______

Lorna O'Connell

Provider Signature

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