Continuing Professional Education Certificate of Attendance

Commission on Dietetic Registration		- Attendee Copy-
the credentaling agency for the Academy of Nutrition and Dietetics	Participant Name:	
	Registration Number:	Provider Code:
	Provider Name:	
	Activity Title:	
Provider Signature	Activity Number:	
	Date Completed:	Number of CPEUs Awarded:
	*Parformance Indicator(s):	CPE Level:
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	Commission on Dietetic Registration
eat right.	Academy of Nutrition and Dietetics

Provider Signature

$Continuing \ Professional \ Education \ Certificate \ of \ Attendance$ - Licensure Copy-

Participant Name:	
Registration Number:	Provider Code:
Provider Name:	
Activity Title:	
Activity Number:	
Date Completed:	Number of CPEUs Awarded:
*Performance Indicator(s):	CPE Level:

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