

**CPE
Accredited
Provider**

**Commission
on Dietetic
Registration**
the credentialing agency for the
Academy of Nutrition
and Dietetics



**Continuing Professional Education Certificate of Attendance
-Attendee Copy-**

Participant Name: _____

Registration Number: _____

Activity Title: Case Studies in IFMNT pre-recorded series

Activity Number: 141876 (active until 3/22/2020)

Date Completed: _____ Number of CPEUs Awarded: 21

*Learning Need Code(s): 5420, 5000, 3000 CPE Level: 3

Provider Code: SA451

Provider Signature

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**Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

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