

**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: **DAIRY DYK: YOUR TOP FIVE QUESTIONS ANSWERED**

Activity Number: **152112**

Date Completed: **12/12/19** Number of CPEUs Awarded: _____

*Learning Need Code(s): _____ CPE Level: **1**

**Tab Forgac, MS, RDN,
LDN**

Digitally signed by Tab Forgac, MS,
RDN, LDN
Date: 2019.11.08 09:56:47 -06'00'

Provider Code: **20077**

Provider Signature

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

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

Participant Name: _____

Registration Number: _____

Activity Title: DAIRY DYK: YOUR TOP FIVE QUESTIONS ANSWERED

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*Learning Need Code(s): _____ CPE Level: 1

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