

Continuing Professional Education Certificate of Attendance

Participant Name: _____

Registration Number: _____

Activity Title: Achieving Optimal Nutrition: The Role of Schools and Pediatricians*

Date Completed: _____

CPEU's Awarded: **1**

Suggested Learning Codes: **4000, 4020, 4040, 4070, 8010**

Suggested Performance Indicators: **3.3.2, 3.3.3, 3.3.4, 3.3.5, 12.1.1, 12.1.3**

Presented by: The American Academy of Pediatrics & National Dairy Council

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**RDNs may add this to their portfolio and apply for CE credits through CDR.*

Refer to your Professional Development Portfolio Guide for LNCs or PIs

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