

**CPE**

**Continuing Professional Education Certificate of Attendance**

**Accredited**

**-Attendee Copy-**

**Provider**

**Commission  
on Dietetic  
Registration**

the credentialing agency for the  
**eat right.** Academy of Nutrition  
and Dietetics

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Activity Title: \_\_\_\_\_  
\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Learning Need Code(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

Provider Code: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

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

**CPE**

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**-Licensure Copy-**

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Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

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\_\_\_\_\_

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Provider Code: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

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