## Commission on Dietetic

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#### **Continuing Professional Education Certificate of Attendance** —Attendee Copy—

Provider Signature		*Refer to your Professional Development Portfolio Guide For LNCs or PIs
7	Tiffany Barrett MS RD CS	C LD  RETAIN ORIGINAL COPY FOR YOUR RECORDS
		*Suggested Performance Indicator(s):
		*Suggested Learning Need Code(s):
		Date Completed: Number of CPEUs Awarded:
		Activity Number:
		Activity Title:
		Registration Number:
eat right	the credentialing agency for the Academy of Nutrition and Dietetics	Participant Name:

#### Commission on Dietetic Registration

the credentialing agency for the Academy of Nutrition and Dietetics

### **Continuing Professional Education Certificate of Attendance** —Licensure Copy—

articipant Name:			
Registration Number:			
Activity Title:			
Activity Number:			
Date Completed: Number of CPEUs Awarded:			
Suggested Learning Need Code(s):			
Suggested Performance Indicator(s):			

Tiffany Barrett MS RD CSO LD

**Provider Signature** 

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\*Refer to your Professional Development Portfolio Guide For LNCs or Pls