

**Commission
on Dietetic
Registration**

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

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

Participant Name: _____

Registration Number: _____

Activity Title: **Nutritious Life Master Certification**

Activity Number: **155280**

Date Completed: _____ Number of CPEUs Awarded: **50**

*Suggested Learning Need Code(s): _____

*Suggested Performance Indicator(s): _____



Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS
**Refer to your Professional Development Portfolio Guide For LNCs or PIs*

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