

**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: _____

Northwest Renal Dietitians (NWRD)

Activity Title: _____

2020 Annual Conference - day 1 (Thursday)

Live Presentations

Activity Number: _____

3.5.2020

6

Date Completed: _____ Number of CPEUs Awarded: _____

*Suggested Learning Need Code(s): _____

*Suggested Performance Indicator(s): _____



Provider Signature

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

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