

Continuing Professional Education
Certificate of Attendance – Attendee Copy



Lactose Intolerance: Health Consequences and Nutrition Solutions
Session Title

Participant Name

RD/DTR ID Number

N/A
Session Number

Date Completed

1
CPEUs Awarded

2
CPE Level

Learning Need Code*

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS.

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