



American Society for Nutrition
Excellence in Nutrition Research and Practice
www.nutrition.org



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

Participant Name: _____

Registration Number (participant to insert): _____

Activity Title: American Society for Nutrition Scientific Sessions at Experimental Biology 2017

Activity Number: 133614

CPE Level: 2

Dates Completed: April 26, 2017 **Number of CPEUs Awarded:** ____

Suggested Learning Need Codes: 2000: Science of food and nutrition; 2100: Nutritional Biochemistry; 4000: Wellness and Public Health;

Suggested Performance Indicators: 6.3.8

**Gwen Twillman
Provider Signature**

Provider Code: NS010

RETAIN ORIGINAL COPY FOR YOUR RECORDS

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

If needed, present a completed form to your Licensure Board upon request.



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