



American Society for Nutrition  
Excellence in Nutrition Research and Practice  
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**Continuing Professional Education Certificate of Attendance  
– Attendee Copy –**

**Participant Name:** \_\_\_\_\_  
**Registration Number (participant to insert):** \_\_\_\_\_  
**Activity Title:** Nutrition 2019

**Activity Number:** 148135

**CPE Level:** 2

**Dates Completed:** June 11, 2019      **Number of CPEUs Awarded:** \_\_\_\_\_

**Suggested Learning Need Codes:** 5000 (MNT); 4010 (community intervention/monitoring/evaluation); 2100 (nutritional biochemistry); 2000 (science of food and nutrition)

**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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