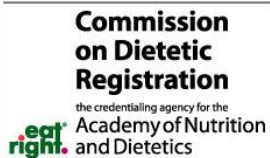


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**Continuing Professional Education  
Certificate of Attendance - Attendee Copy**

**Closer Look at Dairy: Alternative Beverages, Antibiotics and GMOs**

Session Title

Participant Name

RD/DTRID Number

**117677**  
Session Number

Date Completed

1  
CPEUs Awarded

2  
CPE Level

4030, 2030  
Learning Need Code\*

*Jackie Williams*  
Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS.

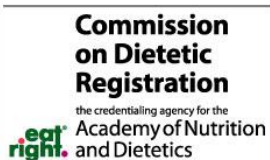
\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)



**COPY II: STATE LICENSURE VERIFICATION**

Please complete a separate Certificate of Attendance Form for each session attended. Present a completed form to your Licensure Board upon request.

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