


COPY I: ATTENDANCE VERIFICATION FORM


Please identify Learning Need Codes that best represent the majority of the exhibits/poster sessions visited per time period and record the Learning Need Codes on your Learning Activities Log (Step 4). **You can make extra copies of this attendance form as needed.** Retain a copy of this completed form in your *Guide* in the event that you are audited by CDR.

NEW! – Attendees can now also download additional copies of this form online after October 22nd at www.eatright.org/fnce/attendees by selecting the “Attendee CPE Forms” option.

<p>CPE Accredited Provider</p> <p>Commission on Dietetic Registration</p> <p><small>the credentialing agency for the</small>  Academy of Nutrition and Dietetics</p>	<p>Continuing Professional Education – POSTERS AND EXHIBITS</p> <p>Academy of Nutrition and Dietetics – 2013 Food & Nutrition Conference & Expo (FNCE™)</p> <p>-Attendee Copy-</p>		
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><i>Diane Moore Enos, MPH, RD</i></p> <p>_____ Provider Signature</p>		<p>PROVIDER #: AM003</p> <p>RETAIN ORIGINAL COPY FOR YOUR RECORDS</p> <p><i>*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)</i></p>	

COPY II: STATE LICENSURE VERIFICATION FORM

Please complete a and present a completed form to your Licensure Board upon request.

<p>CPE Accredited Provider</p> <p>Commission on Dietetic Registration</p> <p><small>the credentialing agency for the</small>  Academy of Nutrition and Dietetics</p>	<p>Continuing Professional Education – POSTERS AND EXHIBITS</p> <p>Academy of Nutrition and Dietetics – 2013 Food & Nutrition Conference & Expo (FNCE™)</p> <p>-Licensure Copy-</p>		
	<p>Participant Name: _____</p> <p>RD/RDN/DTR Number: _____</p>		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2013	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><i>Diane Moore Enos, MPH, RD</i></p> <p>_____ Provider Signature</p>		<p>PROVIDER #: AM003</p> <p>RETAIN ORIGINAL COPY FOR YOUR RECORDS</p> <p><i>*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)</i></p>	