
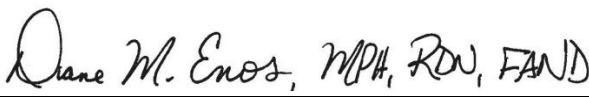


**COPY I: ATTENDANCE VERIFICATION FORM**


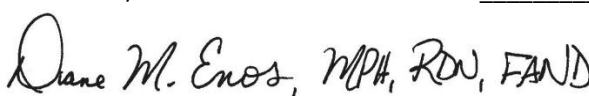
Please identify Learning Need Codes that best represent the majority of the exhibits/poster sessions visited per time period and record the Learning Need Codes on your Learning Activities Log (Step 4). **You can make extra copies of this attendance form as needed.** Retain a copy of this completed form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

**Please print and save a copy of this form for your files.**

<b>CPE Accredited Provider</b> <b>Commission on Dietetic Registration</b> <small>the credentialing agency for the</small> <b>Academy of Nutrition and Dietetics</b> 	<b>Continuing Professional Education – POSTERS AND EXHIBITS</b> Academy of Nutrition and Dietetics – 2015 Food & Nutrition Conference & Expo™ (FNCE®) <b>-Attendee Copy-</b>		
	Participant Name: _____ RD/RDN/DTR Number: _____		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 _____ Provider Signature			<b>PROVIDER #: AM003</b>
<b>RETAIN ORIGINAL COPY FOR YOUR RECORDS</b> <i>*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)</i>			

**COPY II: STATE LICENSURE VERIFICATION FORM**

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

<b>CPE Accredited Provider</b> <b>Commission on Dietetic Registration</b> <small>the credentialing agency for the</small> <b>Academy of Nutrition and Dietetics</b> 	<b>Continuing Professional Education – POSTERS AND EXHIBITS</b> Academy of Nutrition and Dietetics – 2015 Food & Nutrition Conference & Expo™ (FNCE®) <b>-Licensure Copy-</b>		
	Participant Name: _____ RD/RDN/DTR Number: _____		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2015	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 _____ Provider Signature			<b>PROVIDER #: AM003</b>
<b>RETAIN ORIGINAL COPY FOR YOUR RECORDS</b> <i>*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)</i>			