


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.

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|---|---|---|---|-------------------------|
| <p align="center">CPE Accredited Provider</p> <p align="center">Commission on Dietetic Registration</p> <p align="center"><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 – 2016 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* | Performance Indicators* |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <p><i>Peter Emanuel, MBA, RDN</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 and present a completed form to your Licensure Board upon request.

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|---|--|---|---|-------------------------|
| <p align="center">CPE Accredited Provider</p> <p align="center">Commission on Dietetic Registration</p> <p align="center"><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 – 2016 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* | Performance Indicators* |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exhibits/Poster Sessions Visited _____, 2016 | _____ : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <p><i>Peter Emanuel, MBA, RDN</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> | | | | |