
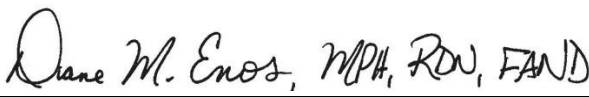


COPY I: ATTENDANCE VERIFICATION FORM


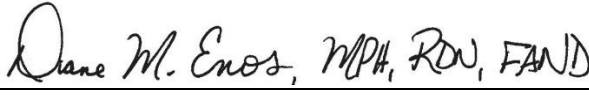
Please identify Learning Need Codes that best represent the majority of the exhibits/poster sessions visited per time period and record the Learning Need Codes on your Learning Activities Log (Step 4). **You can make extra copies of this attendance form as needed.** Retain a copy of this completed form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

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

CPE Accredited Provider Commission on Dietetic Registration <small>the credentialing agency for the</small> Academy of Nutrition and Dietetics 	Continuing Professional Education – POSTERS AND EXHIBITS Academy of Nutrition and Dietetics – 2014 Food & Nutrition Conference & Expo™ (FNCE®) -Attendee Copy-		
	Participant Name: _____		
	RD/RDN/DTR Number: _____		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 _____ Provider Signature			PROVIDER #: AM003
			RETAIN ORIGINAL COPY FOR YOUR RECORDS
<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.

CPE Accredited Provider Commission on Dietetic Registration <small>the credentialing agency for the</small> Academy of Nutrition and Dietetics 	Continuing Professional Education – POSTERS AND EXHIBITS Academy of Nutrition and Dietetics – 2014 Food & Nutrition Conference & Expo™ (FNCE®) -Licensure Copy-		
	Participant Name: _____		
	RD/RDN/DTR Number: _____		
	Date	Time	Learning Need Code*
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exhibits/Poster Sessions Visited	_____, 2014	___ : ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 _____ Provider Signature			PROVIDER #: AM003
			RETAIN ORIGINAL COPY FOR YOUR RECORDS
<i>*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)</i>			