


COPY I: ATTENDANCE VERIFICATION FORM


Please identify the Learning Need Codes or Performance Indicators that best represent the majority of the exhibits/poster sessions visited per time period and record them on your Learning Activities Log. **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.

<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 – 2017 Food & Nutrition Conference & Expo™ (FNCE®)</p> <p>-Attendee Copy-</p>			
	Participant Name: _____		RD/RDN/DTR Number: _____	
	Date	Time	Learning Need Code*	Performance Indicators*
Exhibits/Poster Sessions Visited _____, 2017	_____ : _____	<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 _____, 2017	_____ : _____	<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 _____, 2017	_____ : _____	<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 Plan</i></p>	

COPY II: STATE LICENSURE VERIFICATION FORM

Please complete 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 – 2017 Food & Nutrition Conference & Expo™ (FNCE®)</p> <p>-Licensure Copy-</p>			
	Participant Name: _____		RD/RDN/DTR Number: _____	
	Date	Time	Learning Need Code*	Performance Indicators*
Exhibits/Poster Sessions Visited _____, 2017	_____ : _____	<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 _____, 2017	_____ : _____	<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 _____, 2017	_____ : _____	<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 Plan</i></p>	