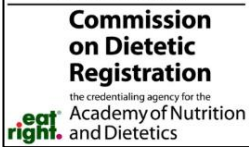


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Participant Name: _____

Registration Number: _____

Session Title: _____

Learning Need Codes* _____

or

Performance Indicators* _____

Date Completed: 10- -2018 Activity Number: _____

CPEUs Awarded: _____

Pari Stanich, MBA, RDN

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Present a separate Certificate of Attendance Form for each session attended to your Licensure Board upon request.

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or

Performance Indicators* _____

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CPEUs Awarded: _____

Pari Stanich, MBA, RDN

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