

**Commission
on Dietetic
Registration**

the credentialing agency for the
eat right. Academy of Nutrition
and Dietetics

**Continuing Professional Education Certificate of Attendance
—Attendee Copy—**

Participant Name: _____

Registration Number: _____

Activity Title: WN4DC Mini-Counseling Course
Part 2

Activity Number: 152468

Date Completed: _____ Number of CPEUs Awarded: 3

*Suggested Learning Need Code(s): 5190, 6000, 6073

*Suggested Performance Indicator(s): 9.42, 9.44, 9.45, 9.46

Megnette Flethe

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For LNCs or Pls*

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