Continuing Professional Education Certificate of Attendance —Attendee Copy—

Participant Name: _____

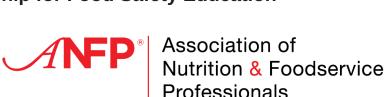
Program Title: Health at Risk: Long-Term Effects of a Foodborne Illness

Date Completed: _____

Number of Hours Approved: 1

Prior approval number: 163609

Provider: Partnership for Food Safety Education





Continuing Professional Education Certificate of Attendance —Licensure Copy—

Participant Name: _____

Program Title: Health at Risk: Long-Term Effects of a Foodborne Illness

Date Completed: _____

Number of Hours Approved: 1

Prior approval number: 163609

Provider: Partnership for Food Safety Education



Association of Nutrition <u>&</u> Foodservice Professionals

