

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

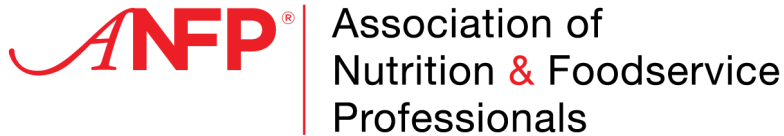
Participant Name: _____

Program Title: **Clean Summit Part 1 – Handwashing, Dish Towels & Sponges**

Date Completed: _____ Number of Hours Approved: **1**

Prior approval number: **164526**

Provider: **Partnership for Food Safety Education**



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