



## Continuing Professional Education Certificate of Attendance

### - Attendee Copy-

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Provider Code: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Activity Title: \_\_\_\_\_

\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Performance Indicator(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

Emily Krause, MFCs, RD, LD, FAND  
Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

\*Refer to your Professional Development Portfolio Guide For PIs



## Continuing Professional Education Certificate of Attendance

### - Licensure Copy-

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Provider Code: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Activity Title: \_\_\_\_\_

\_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Performance Indicator(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

Emily Krause, MFCs, RD, LD, FAND  
Provider Signature

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\*Refer to your Professional Development Portfolio Guide For PIs