



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: IL917

Provider Name: IAFNS

Activity Title: Establishing in vitro Protein Digestibility as an Alternative
to Animal Testing

Activity Number: 163407

Date Completed: 06/17/2021 Number of CPEUs Awarded: 1.00

*Performance Indicator(s): 4.2.7; 6.2.5; 8.1.1; 8.1.2 CPE Level: 2

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-

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