



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: IL917

Provider Name: Institute for the Advancement of Food and Nutrition Sciences

Activity Title: Moving Forward After Over 40 Years of Guidance:

Innovation and Partnerships to Reduce Sodium Intake

Activity Number: 171395

Date Completed: _____ Number of CPEUs Awarded: 1

*Performance Indicator(s): 4.1.2, 6.2.3, 8.2.1 CPE Level: 2

Marie Latulippe, MS MBA RDN

Provider Signature

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**Refer to your Professional Development Portfolio Guide For PIs*



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- Licensure Copy-

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