

**Commission
on Dietetic
Registration**

the credentialing agency for the
**Academy of Nutrition
and Dietetics**

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

Participant Name: _____

Registration Number: _____

Activity Title: Prescribing Wellness: Practitioner Steps for Patient Success

On Demand

CPEU Sponsor: Orgain, LLC

Activity Number: 160505

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 2.2.4; 3.1.3; 3.2.3; 4.2.7

Kath R. Hue, MS, RD

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For LNCs or Pls*