



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: _____

Provider Name: Catherine Shepherd MS, RDN, LD

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

Catherine Shepherd MS RDN, LD

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**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: Catherine Shepherd MS, RDN, LD

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

Catherine Shepherd MS, RDN, LD

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