



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: 22604
Holly Larson, MS, RD

Provider Name: _____
The Dietitian Money Conference

Activity Title: _____

176972

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: 11
11.3.2, 14.2.6, 3.1.1, 3.1.3, 4.2.2 1

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

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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