

**CPE
Accredited
Provider**



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: NE002

Provider Name: New York State Academy of Nutrition & Dietetics

Activity Title: Virtual Farm Tour for Health Professionals

Activity Number: 166327

Date Completed: 10/12/2021 Number of CPEUs Awarded: 1.0

*Performance Indicator(s): 12.1.1; 3.2.4; 8.1.2 CPE Level: 1.0

Victoria Palasieski

Provider Signature

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

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Continuing Professional Education Certificate of Attendance
- Licensure Copy-

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Victoria Palasieski

Provider Signature

Digitally signed by Victoria Palasieski
DN: cn=Victoria Palasieski, o=New York State Academy of Nutrition & Dietetics ou=Executive Director
Reason: I attest to the accuracy and integrity of this document

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