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

Participant Name: _____

Registration Number: _____

Activity Title: Foundations of Running a Successful Private Practice

_____

CPEU Sponsor: Orgain, LLC

Activity Number: 185183

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 1.6.3, 4.1.5, 4.1.6, 4.1.7

Kathy R. Hunt, MS, RD

Provider Signature

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