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

Participant Name: _____

Registration Number: _____

Activity Title: Intuitive Eating for the Whole Family: Reclaim Your Inner Intuitive Eater to Raise Confident Eaters

CPEU Sponsor: Orgain, LLC

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 10.1.3, 10.6.3, 11.3.2

Kathy R. Hwa, MS, RD

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

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