

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

Participant Name: _____

Registration Number: _____

Activity Title: Naturopathic Oncology: Evaluating & Treating the
Oncology Terrain

CPEU Sponsor: Orgain, LLC

Activity Number: 186213

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 11.4.3, 5.2.6, 9.1.2



Provider Signature

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