

**Commission
on Dietetic
Registration**

the credentialing agency for the
**Academy of Nutrition
and Dietetics**

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

Participant Name: _____

Registration Number: _____

Activity Title: Measuring & Improving Metabolic Health to Prevent or Reverse
Disease - On Demand

CPEU Sponsor: Orgain, LLC

Activity Number: TBD

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 10.1.3, 8.1.2, 9.1.3

Kath R. Hue, MS, RD

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

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