



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: **B9BDD51**

Provider Name: **Autism Dietitian LLC**

Activity Title: **Picky Eating for Autism Masterclass for Practitioners**

Activity Number: **175123**

Date Completed: **2-28-2023** Number of CPEUs Awarded: **1**

*Performance Indicator(s): **10.5.1, 10.5.2, 10.5.3,
10.5.4, 10.5.5** CPE Level: **2**

Brittyn Coleman

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

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