

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

Participant Name: _____

Program Title: **Health at Risk: Long-Term Effects of a Foodborne Illness**

Date Completed: _____ Number of Hours Approved: **1**

Prior approval number: **163609**

Provider: **Partnership for Food Safety Education**



Continuing Professional Education Certificate of Attendance
—Licensure Copy—

Participant Name: _____

Program Title: **Health at Risk: Long-Term Effects of a Foodborne Illness**

Date Completed: _____ Number of Hours Approved: **1**

Prior approval number: **163609**

Provider: **Partnership for Food Safety Education**

