

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

Participant Name: \_\_\_\_\_

Program Title: **Abundance of Content for Food Safety Education Month Outreach**

Date Completed: \_\_\_\_\_ Number of Hours Approved: **1**

Prior approval number: **163773**

Provider: **Partnership for Food Safety Education**



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

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