

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

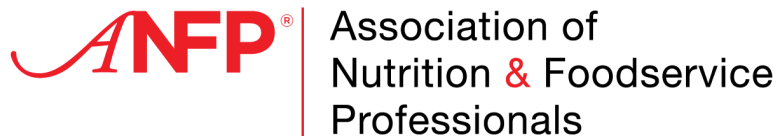
Participant Name: _____

Program Title: **Pulling All the Behavior Change Ideas Together**

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

Prior approval number: **163612**

Provider: **Partnership for Food Safety Education**



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—Licensure Copy—

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