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

Participant Name: _____

Program Title: **Is Pet Love Risky?**

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

Prior approval number: **164253**

Provider: **Partnership for Food Safety Education**

ANFP® Association of Nutrition & Foodservice Professionals


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## —Licensure Copy—

Participant Name: _____

Program Title: **Is Pet Love Risky?**

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