

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

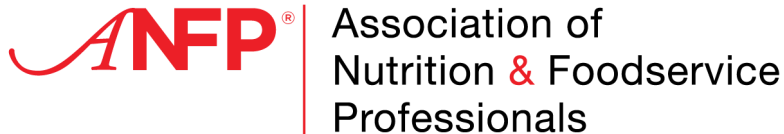
Participant Name: \_\_\_\_\_

Program Title: **Protein Power Hour**

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

Prior approval number: **165422**

Provider: **Partnership for Food Safety Education**



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

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

Program Title: **Protein Power Hour**

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

Prior approval number: **165422**

Provider: **Partnership for Food Safety Education**

