Continuing Professional Education Certificate of Attendance
—Attendee Copy—

Participant Name: _____

Program Title: **Cooking with Style — Create Safe Recipes at Home!**

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

Prior approval number: **165519**

Provider: **Partnership for Food Safety Education**

ANFP® Association of Nutrition & Foodservice Professionals

CDM, CFPP CE CBDM Approved

Continuing Professional Education Certificate of Attendance
—Licensure Copy—

Participant Name: _____

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