

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

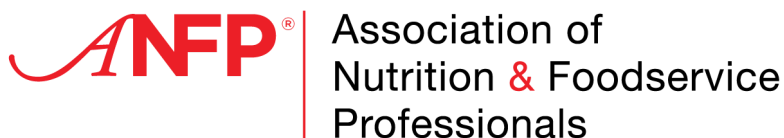
Participant Name: _____

Program Title: **Food Safety Delivered: New Resources You Need for National Food Safety Education Month**

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

Prior approval number: **165519**

Provider: **Partnership for Food Safety Education**



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