

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

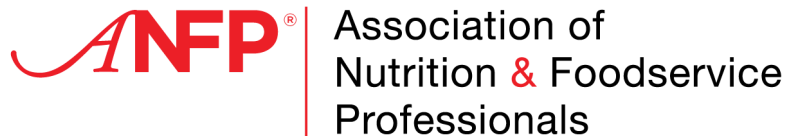
Participant Name: \_\_\_\_\_

Program Title: **Breaking Through Food Safety Barriers & Myths**

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

Prior approval number: **166989**

Provider: **Partnership for Food Safety Education**



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

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

Program Title: **Breaking Through Food Safety Barriers & Myths**

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