

Continuing Education Completion Record

Name of Program: 2023 Food Safety Education for Everyone: Building Inclusive Messages

Location: n/a **Date(s):** 8/17/2023

Total NEHA Authorized Continuing Education Contact Hours: $\mathbf{1}$

Attendee Information		
Name:		Date Training Completed
Street Address:		
City:	_ State:	Zip:
Daytime Phone:	Email:	
NEHA Member ID (if applicable):		
Competencies		Total CE Hours
Please list the new competencies you have developed		Number of Hours attended:
		(-) Breaks/Lunches:
		(-) Dinners:
		(-) Business Meetings
Completion Verification (Representative from Pr	e-Approved Cl	E Program, please sign below)
SIGNATURE: Britanny Sau	unier, PFSE	Executive Director
Submission		

If you are credentialed with NEHA:

- Log into your My NEHA account using your email address as your login ID.
- On the right side of the screen, look for " Credentials & Exams". Then click on "Report CE Credits".
- Complete the Self-Report CE Credits form.
- Retain this form for your records. In the event you are audited this form will serve as your proof of attendance.

If you are currently not credentialed with NEHA retain this form for your records. This form will serve as your proof of attendance.