Continuing Professional Education Certificate of Attendance —Attendee Copy— Participant Name: _____ Program Title: Healthy Aging: Food Safety for Older Adults Date Completed: _____ Number of Hours Approved: 1 Prior approval number: 168323 Provider: Partnership for Food Safety Education CDM, CFPP Association of Nutrition & Foodservice Professionals **Continuing Professional Education Certificate of Attendance** —Licensure Copy— Participant Name: Program Title: Healthy Aging: Food Safety for Older Adults Date Completed: _____ Number of Hours Approved: _1___ Prior approval number: 168323 Provider: Partnership for Food Safety Education Association of Nutrition & Foodservice Professionals