

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

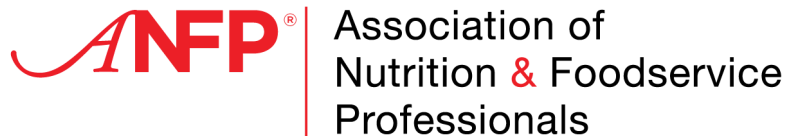
Participant Name: \_\_\_\_\_

Program Title: Food Safety in the Face of Economic Challenges

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

Prior approval number: 167368

Provider: Partnership for Food Safety Education



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

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