

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

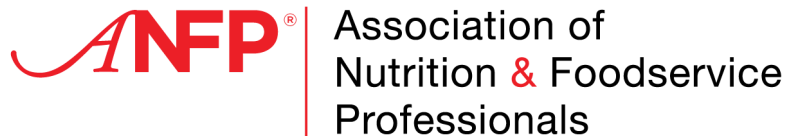
Participant Name: _____

Program Title: Food Safety Education for Everyone: Building Inclusive Messages

Date Completed: _____ Number of Hours Approved: 1

Prior approval number: 167753

Provider: **Partnership for Food Safety Education**



Continuing Professional Education Certificate of Attendance
—Licensure Copy—

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