

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

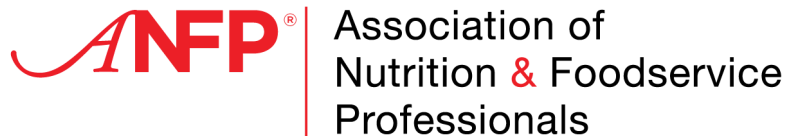
Participant Name: _____

Program Title: Safe Flour Handling: Know Your “Roll”

Date Completed: _____ Number of Hours Approved: 1

Prior approval number: 167977

Provider: **Partnership for Food Safety Education**



Continuing Professional Education Certificate of Attendance
—Licensure Copy—

Participant Name: _____

Program Title: Safe Flour Handling: Know Your “Roll”

Date Completed: _____ Number of Hours Approved: 1

Prior approval number: 167977

Provider: **Partnership for Food Safety Education**

