

Continuing Professional Education Certificate of Attendance
—Attendee Copy—

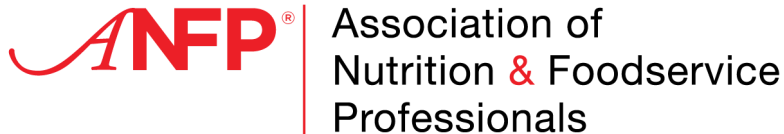
Participant Name: _____

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



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—Licensure Copy—

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