

# Continuing Education Completion Record

**Name of Program:** Freezing & Frozen Food Safety: Maximizing Nutrition, Convenience & Affordability

**Location:** virtual      **Date(s):** 5/14/2025

**Total NEHA Authorized Continuing Education Contact Hours:** 1

## Attendee Information

Name: \_\_\_\_\_ Date Training Completed \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NEHA Member ID (if applicable): \_\_\_\_\_

## Competencies

Please list the new competencies you have developed.

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## Total CE Hours

Number of Hours attended: \_\_\_\_\_

(-) Breaks/Lunches: - \_\_\_\_\_

(-) Dinners: - \_\_\_\_\_

(-) Business Meetings - \_\_\_\_\_

## Completion Verification (Representative from Pre-Approved CE Program, please sign below)

SIGNATURE:  \_\_\_\_\_  
 Brittany Saunier, PFSE Executive Director

## Submission

**If you are credentialed with NEHA:**

- Log into your My NEHA account using your email address as your login ID.
- On the right side of the screen, look for " Credentials & Exams". Then click on "Report CE Credits".
- Complete the Self-Report CE Credits form.
- Retain this form for your records. In the event you are audited this form will serve as your proof of attendance.

If you are currently not credentialed with NEHA retain this form for your records. This form will serve as your proof of attendance.