



Continuing Professional Education Certificate of Attendance

- Attendee Copy-

Participant Name: Deanna Bossert

Registration Number: _____ Provider Code: BD686DE

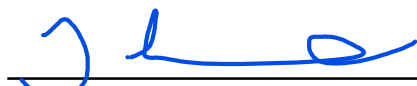
Provider Name: Food Allergy Research & Education (FARE)

Activity Title: Best in Class: Managing Food Allergies in School

Activity Number: 172619

Date Completed: 02-03-2024 Number of CPEUs Awarded: 1

*Performance Indicator(s): 8.1.2; 8.1.3; 8.1.1 CPE Level: 1, 2, 3



Provider Signature

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**Refer to your Professional Development Portfolio Guide For Pls*



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- Licensure Copy-

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