

Certificate of Completion

The Metabolic Triad: Diabetes, Cardiovascular Disease, and Inflammation
Winter 2009, Volume 30, Number 6

TITLE OF PROGRAM

DATE OF COMPLETION

American Dietetic Association

COMMISSION ON DIETETIC REGISTRATION CPE ACCREDITED PROVIDER

AM003

CPE PROVIDER ACCREDITATION NUMBER

PARTICIPANT'S NAME

Has successfully completed 3.5 CPEU

II CPE level

Angela Hill Stuart, MS, RD, LD, CDE

SIGNATURE OF CDR-ACCREDITED PROVIDER

**Commission
on Dietetic
Registration**

the credentialing agency for the
**eat
right.** American Dietetic
Association

11/30/2010

DATE

COPY FOR SUBMISSION TO STATE LICENSURE BOARD

Submit this copy to state licensure board, if applicable.

Certificate of Completion

The Metabolic Triad: Diabetes, Cardiovascular Disease, and Inflammation
Winter 2009, Volume 30, Number 6

TITLE OF PROGRAM

DATE OF COMPLETION

American Dietetic Association

COMMISSION ON DIETETIC REGISTRATION CPE ACCREDITED PROVIDER

AM003

CPE PROVIDER ACCREDITATION NUMBER

PARTICIPANT'S NAME

Has successfully completed 3.5 CPEU

II CPE level

Angela Hill Stuart, MS, RD, LD, CDE

SIGNATURE OF CDR-ACCREDITED PROVIDER

**Commission
on Dietetic
Registration**

the credentialing agency for the
**eat
right.** American Dietetic
Association

11/30/2010

DATE

COPY FOR SUBMISSION TO STATE LICENSURE BOARD

Submit this copy to state licensure board, if applicable.

Retain this copy for your records.

NOTE: This certificate of completion is not valid until the accompanying Continuing Professional Education Questionnaire is successfully completed, submitted to, and recorded by ADA.

*State licensure
board copy*

**Commission
on Dietetic
Registration**
the credentialing agency for the
 American Dietetic
Association

Participant copy

**Commission
on Dietetic
Registration**
the credentialing agency for the
 American Dietetic
Association