

CERTIFICATE OF PARTICIPATION

This certifies that:

(Name of Physician Participant)

has participated in the educational activity entitled:

Confidently Nourishing Children: What's the Deal with Dairy?

(Title of CME Activity)

provided by: National Dairy Council

(Name of CME Provider)

December 10, 2020

(Date of Activity)

Rosemont, IL

(City/State of Activity)

and is awarded up to 1.0 credits.

This [activity type] activity, [activity title], with a beginning date of [activity dates] has been reviewed and is acceptable for up to 1.5 **Elective credit(s)** by the American Academy of Family Physicians. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

Physician Participant's Signature

Date

Kerry Clifford, MS, RD

Signature of CME Activity Director

December 20, 2020

Date