Continuing Education Completion Record

Name of Program: 2025 Alliance to Stop Foodborne Illness and U.S. Food and Drug Administration (FDA) Food Safety Culture Webinar Series Two

Location: Virtual **Date(s): 04/15/2026**

Total NEHA Authorized Continuing Education Contact Hours: 7

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.

_____

_____

_____

_____

_____

Total CE Hours

Number of Hours attended: _____

(-) Breaks/Lunches: - _____

(-) Dinners: - _____

(-) Business Meetings - _____

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

SIGNATURE: _____

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.