

Record of Participation in Continuing Education Seminars



I hereby certify that:

completed:

**Adverse Food Reaction? Think Novel Protein
Webinar**

on March 14, 2024.

Handwritten signature of Andrea Spediacci in black ink.

Andrea Spediacci, DVM
AAHA Director of Learning

Handwritten signature of Judy Rose Lanier in black ink.

Judy Rose Lanier, CVPM, CVA, DES
AAHA Learning Programs Manager

The program 20-1169940 has been approved for **1** hour(s) of **Medical** continuing education credit(s) in jurisdictions that recognize RACE approval. (RACE provider #50-27899)

I hereby certify that I participated in this number of CE hours:

Signature of Registrant: _____

License(s) number and state(s)/province: _____

Address: _____

City/State/Zip: _____

Please submit this CE letter to your accrediting body for approval. Do not return it to aaha.

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