

# ServSafe® CERTIFICATION

## CRISTIAN ORDONEZ

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

17513467

CERTIFICATE NUMBER

3/1/2019

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

10679

EXAM FORM NUMBER

3/1/2024

DATE OF EXPIRATION



#0655

A handwritten signature in black ink, reading "Sherman L. Brown".

Sherman Brown  
Executive Vice President, National Restaurant Association Solutions





Completion Date 28-Aug-2019

Expiration Date 27-Aug-2022

Record ID 32984778

This is to certify that:

**Cristian Ordonez**

Has completed the following CITI Program course:

**IRB**

(Curriculum Group)

**VA Human Subjects Protection and Good Clinical Practices**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**Cleveland, OH-541**



Verify at [www.citiprogram.org/verify/?w15159ef1-994b-47f6-8e96-4bf2b9fac6bb-32984778](http://www.citiprogram.org/verify/?w15159ef1-994b-47f6-8e96-4bf2b9fac6bb-32984778)

# Certificate of Completion

*This certifies that*  
**CRISTIAN ORDONEZ**  
*Has successfully completed*  
**MOVE! Weight Management Program Overview**

For 1.5 Learning Hour(s).  
Completed on 9/3/2019

**VA**

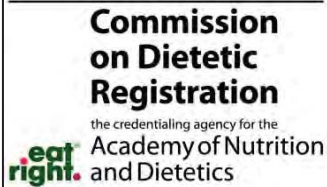


U.S. Department  
of Veterans Affairs

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Instructor

**CPE  
Accredited  
Provider**



**Continuing Professional Education Certificate of Attendance**

**-Attendee Copy-**

Cristian Ordoñez

Participant Name: \_\_\_\_\_

RD/RDN/DTR Number: \_\_\_\_\_

Session Title: Evidence Analysis Library Tutorial  
\_\_\_\_\_

CDR Activity Number: 110257  
\_\_\_\_\_

Date Completed: 6/17/19 \_\_\_\_\_

CPEUs Awarded: 1.0  
\_\_\_\_\_

Learning Need Code: \_\_\_\_\_ CPE Level: 2  
\_\_\_\_\_

*Diane Moore Enos, MPH, RD*

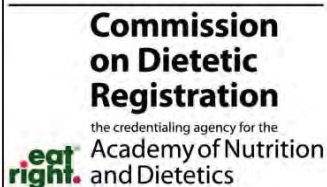
Provider Signature

PROVIDER #: **AM003**

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

**CPE  
Accredited  
Provider**



**Continuing Professional Education Certificate of Attendance**

**-Licensure Copy-**

Cristian Ordoñez

Participant Name: \_\_\_\_\_

RD/RDN/DTR Number: \_\_\_\_\_

Session Title: Evidence Analysis Library Tutorial  
\_\_\_\_\_

CDR Activity Number: 110257  
\_\_\_\_\_

Date Completed: 6/17/19 \_\_\_\_\_

CPEUs Awarded: 1.0  
\_\_\_\_\_

Learning Need Code: \_\_\_\_\_ CPE Level: 2  
\_\_\_\_\_

*Diane Moore Enos, MPH, RD*

Provider Signature


PROVIDER #: **AM003**

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

**CPE  
Accredited  
Provider**

**Commission  
on Dietetic  
Registration**

 the credentialing agency for the  
Academy of Nutrition  
and Dietetics

**Continuing Professional Education Certificate of Attendance  
-Attendee Copy-**

Participant Name: \_\_\_\_\_

RD/RDN/DTR Number: \_\_\_\_\_

Session Title: Nutrition Care Process Tutorial (NCP09)  
\_\_\_\_\_

CDR Activity Number: 110256  
\_\_\_\_\_

Date Completed: \_\_\_\_\_ CPEUs Awarded: 2.0  
\_\_\_\_\_

Learning Need Code: \_\_\_\_\_ CPE Level: 2  
\_\_\_\_\_



Provider Signature

**PROVIDER #: AM003**

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

**CPE  
Accredited  
Provider**

**Commission  
on Dietetic  
Registration**

 the credentialing agency for the  
Academy of Nutrition  
and Dietetics

**Continuing Professional Education Certificate of Attendance  
-Licensure Copy-**

Participant Name: \_\_\_\_\_

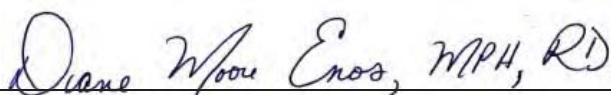
RD/RDN/DTR Number: \_\_\_\_\_

Session Title: Nutrition Care Process Tutorial (NCP09)  
\_\_\_\_\_

CDR Activity Number: 110256  
\_\_\_\_\_

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\_\_\_\_\_

Learning Need Code: \_\_\_\_\_ CPE Level: 2  
\_\_\_\_\_



Provider Signature

**PROVIDER #: AM003**

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

# CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

**Cristian Ordonez**

HAS COMPLETED THE EDUCATION ACTIVITY TITLED:

Certificate of Training in Neonatal Nutrition – Foundational

ON

26 Mar 2020

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PROVIDED BY

Abbott Nutrition Health Institute

ADDRESS

3300 Stelzer Rd.  
Columbus, Ohio 43219

PROGRAM HOURS

7.0



# Certificate of Completion

*This certifies that*  
**CRISTIAN ORDONEZ**  
*Has successfully completed*  
**Telehealth to Home Using VA Video Connect Provider Training**

For 0.5 Learning Hour(s).  
Completed on 3/24/2020

**VA**



U.S. Department  
of Veterans Affairs

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Instructor

# Certificate of Completion

*This certifies that*  
**CRISTIAN ORDONEZ**  
*Has successfully completed*  
**Eating for Whole Health: Introduction to Functional Nutrition**

For 2 Learning Hour(s).  
Completed on 4/2/2020

**VA**



U.S. Department  
of Veterans Affairs

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Instructor