

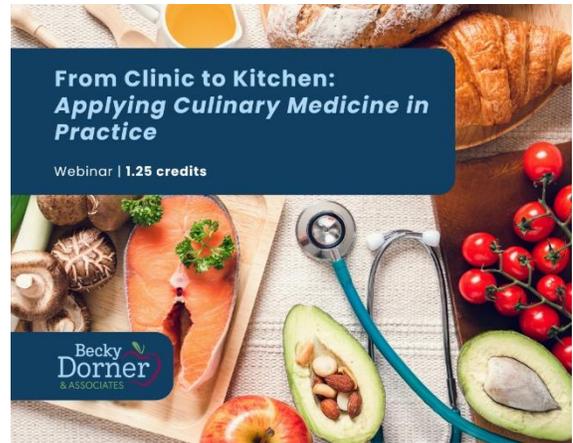
From Clinic to Kitchen: Applying Culinary Medicine in Practice

Live Webinar: March 11, 2026 (2:00-3:00 pm ET). Convert to your own [time zone](#).

Professional Approvals

Becky Dorner & Associates has been a trusted provider of high quality continuing professional education since 1993 (Commission on Dietetic Registration provider number NU004).

Free CPE program provided by Becky Dorner & Associates!



Live Webinar: From Clinic to Kitchen: Applying Culinary Medicine in Practice awards 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.

Recorded/Enduring Webinar: From Clinic to Kitchen: Applying Culinary Medicine in Practice 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.

Intended Audience: RDNs, NDTRs & CDMs	CPEUs	CDR Level	CDR Activity Type	CDR Activity Number	Expiration Date
Live Webinar	1.25	2	191379	172	1/23/27
Recorded/Enduring	1.25	2	191380	741	1/23/29

Suggested CDR Performance Indicators: 3.1.3, 3.3.3, 9.2.2, 13.3.4

Note: Numerous other Performance Indicators may apply.

**Certified Dietary Managers: Please see our [Professional Approvals](#) page for info on how to self-report your CE hours to the Certifying Board for Dietary Managers.

How to Complete this Program and Receive Your Certificate

1. Advance Your Knowledge:

Carefully review the contents of this program, focusing on practical applications for your individual setting.

2. Obtain Your Certificate:

Complete the following steps before the expiration date:

- Take and pass the online test and complete the evaluation to receive your certificate. **Note: For free webinars you must add the test to your account.**
- Test information: For multiple choice questions, select the one *best* answer from the choices given. If you are interrupted, save your progress and return later.

3. Additional Resources:

- For more information, see the last slide in this handout or visit <https://www.beckydorner.com/continuing-education/how-to-complete-cpe/>
- Questions? Please contact us at info@beckydorner.com

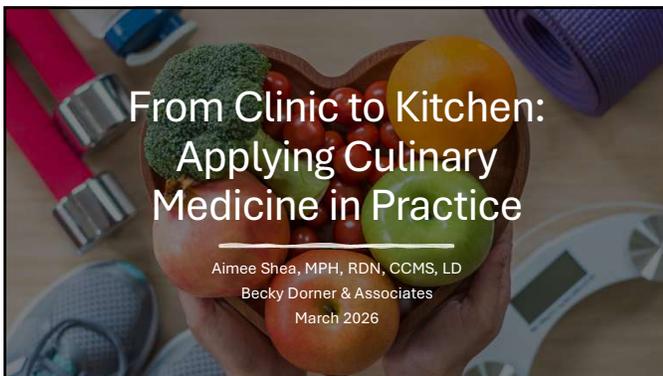
From Clinic to Kitchen: Applying Culinary Medicine in Practice

Today's Webinar



Program Length <ul style="list-style-type: none">• 60 minutes Handouts <ul style="list-style-type: none">• Live: Emailed to the person who registered for the program, and posted in the Go To Webinar System• Recording: Available on our website with the recording Credit Hours/Certificate <ul style="list-style-type: none">• Please refer to handouts for details	Closed Captions <ul style="list-style-type: none">• Available at the bottom of your screen for your convenience.  Questions <ul style="list-style-type: none">• Live: Use GoToWebinar to ask questions• Recording: Email info@beckydorner.com
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From Clinic to Kitchen:
Applying Culinary
Medicine in Practice

Aimee Shea, MPH, RDN, CCMS, LD
Becky Dorner & Associates
March 2026

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Aimee Shea, MPH, RDN, CCMS, LD

- Nutrition Educator & Certified Culinary Medicine Specialist
- Former Associate Professor of Nutrition, Mount Carmel College of Nursing (10+ years)
 - Taught culinary medicine to medical residents and nursing students, integrating evidence-based nutrition with hands-on cooking
- Adjunct faculty, University of South Dakota and the University of North Carolina at Chapel Hill
- Collaborates with the Mount Carmel Healthy Living Center to deliver community culinary medicine classes
- Member, American College of Culinary Medicine Curriculum Committee



Disclosures:

- Aimee discloses that she has served as an expert reviewer for Abbott Nutrition and as nutrition faculty for several colleges/universities; however, no conflict of interest exists for this program.
- The planning and development team for this activity has no relevant financial or non-financial relationships to disclose.

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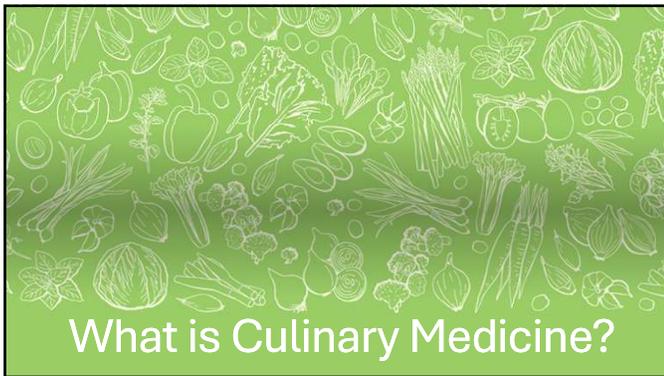
From Clinic to Kitchen: Applying Culinary Medicine in Practice

Learning Objectives

After completing this continuing education course, the learner should be able to:

1. Define culinary medicine and recognize the different lenses through which this dynamic term can be defined.
2. Understand the role of the registered dietitian nutritionist (RDN) in delivering culinary medicine programming as part of the interdisciplinary team.
3. Identify the diverse settings in which culinary medicine can be implemented.
4. Apply culinary medicine principles to the prevention and management of chronic diseases.

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What is Culinary Medicine?

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Culinary Medicine Defined

- Culinary Medicine (CM) can be defined through different lenses:
 - Healthcare Practitioner
 - Foodservice Professional
 - Culinary Nutrition Educator
 - Individual/Community Member
- No matter the lens, it always focuses on **delicious and nutritious!**

Hildebrand CA, et al. Defining the evolving field of culinary medicine across multiple domains. *Front Nutr*. 2025;12:1588449
Croxford S, et al. Culinary Medicine or Culinary Nutrition? Defining Terms for Use in Education and Practice. *Nutrients*. 2024;16(5):603

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From Clinic to Kitchen: Applying Culinary Medicine in Practice

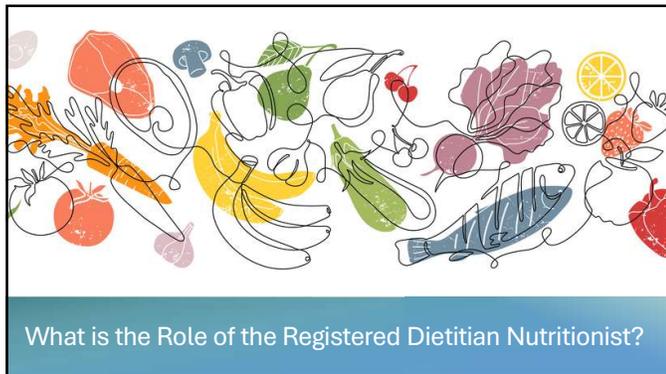
Why is it Important to Define Culinary Medicine?



- Guide the design and implementation of programs
- Clarify how it can help providers address nutrition
- Support the delivery of practical nutrition recommendations
- Strengthen interprofessional collaborations
- Increase culinary knowledge/skills in preparation of healthy and delicious food
- Enhance understanding of important food traditions
- Improve awareness of health-promoting food choices

Hildebrand CA, et al. Defining the evolving field of culinary medicine across multiple domains. *Front Nutr.* 2025;12:1588449
Croxford S, et al. Culinary Medicine or Culinary Nutrition? Defining Terms for Use in Education and Practice. *Nutrients.* 2024;16(5):603.

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What is the Role of the Registered Dietitian Nutritionist?

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The RDN as a Culinary Medicine Leader

- RDN training and education focus on common culinary medicine topics
 - Diabetes prevention, heart health
 - Nutrition throughout the lifecycle
 - Macro/micronutrient needs
- RDNs are skilled at translating the science of nutrition into practical, easy-to-implement behaviors that promote health and wellbeing



Barhouk H, et al. Culinary Medicine and the Registered Dietitian Nutritionist: Time for a Leadership Role. *J Acad Nutr Diet.* 2019;119(10):1607-1612.
McManus CR, et al. Preparing Registered Dietitian Nutritionists for Leadership in Culinary Medicine: Opportunities, Barriers, and Alternatives in Registered Dietitian Nutritionist Education and Training. *J Acad Nutr Diet.* 2023;123(6):865-870.

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*“The growing but embryonic field of **culinary medicine** demands the attention and leadership of competent and confident health care professionals (HCPs) who can leverage **nutrition knowledge, sociocultural humility, food education, and cooking skills to empower their patients’ behavior change and improve health outcomes.**”*

McMenus CR, et al. Preparing Registered Dietitian Nutritionists for Leadership in Culinary Medicine: Opportunities, Barriers, and Alternatives in Registered Dietitian Nutritionist Education and Training. *J Acad Nutr Diet*. 2023;123(6):865-870.

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RDN CM Leadership in Action

- RD-led 60-minute pop-up teaching kitchen at a national cardiovascular conference in Canada
- Participants prepared one of 12 recipes focused on the DASH diet
- Shared meal and group discussion to review nutrition concepts and patient education
- Influenced health care provider (HCP) behavior → increased RD referral and intent to discuss nutrition with patients

Rysdale L, Barohn, J. Culinary Medicine and Teaching Kitchens: Dietitians Leading Innovative Nutrition Training for Physicians. *Can J Diet Pract Res*. 2024;85(4):424-431.

DASH = Dietary Approaches to Stop Hypertension

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Culinary Medicine in Practice

The Diverse Settings of CM

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Nutrition in Medical Education



- Physicians frequently report lack of nutrition education during medical school and inability to share practical nutrition advice with patients
- Studies have shown that less than 1% of lecture time in medical school is devoted to nutrition and diet
- In 1985, the National Research Council of the National Academy of Sciences recommended a minimum of 25 to 30 hours of nutrition education in undergraduate medical education

Gunsalus KTW, et al. Medical Nutrition Education for Health, Not Harm: BMI, Weight Stigma, Eating Disorders, and Social Determinants of Health. *Med Sci Educ.* 2024;34(3):679-690.
Webb, D. Culinary Medicine: a collaboration, not a competition, between physicians and dietitians. *Today's Dietitian.* 2023;25(1):16-21.

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Nutrition in Medical Education

Undergraduate	Graduate
<ul style="list-style-type: none">• “No nationally required nutrition competencies in undergraduate medical education (UME)”	<ul style="list-style-type: none">• “Limited or completely absent from the requirements for most medical specialties in graduate medical education (GME)”

Suggested competencies have been proposed but they are not included on licensing or certification exams.

Agusala B, Broad Leib E, Albin J. The Time is Ripe: The Case for Nutrition in Graduate Medical Education in the United States. *J Med Educ Curric Dev.* 2024;11:23821205241228651.
Eisenberg DM, Cole A, Malle EJ, et al. Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement. *JAMA Netw Open.* 2024;7(9):e2435425.

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Proposed Nutrition Competencies



- 36 total proposed nutrition competencies
 - 30 competencies at both the UME and GME levels
 - 4 at the GME level only
 - 2 at the UME level only
- Examples:
 - “Provides evidence-based, culturally sensitive nutrition and food recommendations to patients for the prevention and treatment of disease”
 - “Works with other healthcare professionals to deliver a multidisciplinary approach to nutrition care”

Eisenberg DM, Cole A, Malle EJ, et al. Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement. *JAMA Netw Open.* 2024;7(9):e2435425.

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Examples of CM in Medical Education



- Goldring Center for Culinary Medicine (GCCM) → first teaching kitchen within a medical school, opened in 2012
- Multisite cohort study of hands-on cooking and nutrition education significantly improved competencies and adherence to the Mediterranean diet, while decreasing soda intake
- Hands-on nutrition/culinary education is associated with cardioprotective dietary patterns and lifestyle medicine competencies among medical trainees
- Interprofessional CM course increased confidence and competence in diet and lifestyle counseling and increased ability to prepare healthy meals

Brennan BR, et al. *Nutrients*. 2023;15(19):4157.
Montezun DJ, et al. *Adv Prev Med*. 2015;2015:656780. Montezun DJ, et al. *Biomed Res Int*. 2018;2018:5051289.
Bazavi AG, et al. *Am J Lifestyle Med*. 2020;14(2):225-233. Wood NJ, et al. *J Healthc Leadersh*. 2023;15:129-137.

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My Role Delivering CM in GME

- Hands-on cooking classes & nutrition didactics for Resident Physicians
 - Family Medicine (1 hour lecture/cases + 1.5 hours cooking)
 - Internal Medicine (1 hour lecture, 1 hour case, 1 hour cooking)
- Since 2016, have secured almost \$60,000 in funding for CM classes
- Reach approximately 60 residents/medical students + 10 physician faculty per year



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Resident Feedback

- Residents report that they:
 - learned new information by participating in culinary medicine.
 - view nutrition as essential to patient care.

"One of my favorite lectures each quarter."

"I think [CM] is a great adjunct to our medical curriculum because it is a fundamental part of human health."

"I like the change in the usual format of didactics and the fun, hands-on approach to learning."

"[CM] has helped me understand the role of dietitians and how to identify patients who would benefit from seeing one."

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Ultimately, if physicians “talk the talk” and “walk the walk”, patients are more motivated to adopt healthy habits themselves.



Frank E, et al. Physician disclosure of healthy personal behaviors improves credibility and ability to motivate. *Arch Fam Med.* 2000;9(3):237-250.
Kreder MW, et al. How does physician advice influence patient behavior? Evidence for a priming effect. *Arch Fam Med.* 2000;9(5):426-433.

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Nutrition in Nursing Education



- The holistic foundation of nursing often necessitates that nurses deliver nutrition education to patients
- Multiple studies have highlighted a lack of basic and clinical nutrition knowledge among nursing students
- The nursing licensure exam includes significant nutrition-related content as testable concepts
- A recent review emphasized the importance of interdisciplinary collaboration and of utilizing active and experiential learning strategies to deliver nutrition education

Degen EK, et al. *Nurse Educ Today.* 2025;144:106469. DuBois S, et al. *J Prof Nurs.* 2025;61:160-167.
Mancin S, et al. *Nurse Educ Today.* 2023;126:105826. Shea A, et al. *J Prof Nurs.* 2021;37(6):1162-1166.

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Examples of CM in Nursing Education

- 6-week, hands-on cooking and nutrition course for graduate health professional students lead to improved knowledge and confidence related to nutrition concepts
- Didactics, teaching kitchens, and service-based learning for medical, dental, and nursing students and resident physicians improved knowledge, attitudes, and practices related to nutrition, lifestyle, and culinary skills
- Increased confidence in nutrition knowledge, skills, and attitudes among medical, pharmacy, social work, nursing, law, and dentistry students who participated in a culinary medicine course

Hynicka LM, et al. *J Integr Complement Med.* 2022;28(10):811-820. Shaifo K, et al. *Nutrients.* 2023;15(18):3994.
Thang CK, et al. *Nutrients.* 2023;15(19):4240.

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My Role Delivering CM in Nursing Education

CULINARY MEDICINE INTEGRATION WITHIN A JUNIOR-LEVEL OBSTETRICAL NURSING COURSE
 Courtney D. McGuire, DNP MS, BSN, RN; Aimee Shea, MPH, RDN, CCMS, LD
 Mount Carmel College of Nursing

Background
 The purpose of this study was to evaluate the effectiveness of a culinary medicine intervention within a junior-level obstetrical nursing course. The study aimed to determine if the intervention improved students' knowledge of healthy eating habits and their ability to apply this knowledge in a practical setting.

Objectives
 1. Evaluate the effectiveness of a culinary medicine intervention within a junior-level obstetrical nursing course.
 2. Determine if the intervention improved students' knowledge of healthy eating habits and their ability to apply this knowledge in a practical setting.
 3. Assess the impact of the intervention on students' self-reported confidence in their ability to provide nutritional counseling to patients.

Methods
 A pre-test/post-test design was used to evaluate the effectiveness of the intervention. The study included a pre-test survey, a 4-week culinary medicine intervention, and a post-test survey. The intervention consisted of hands-on cooking activities, guest speakers, and educational materials.

Results
 The study found that the intervention was effective in improving students' knowledge of healthy eating habits and their ability to apply this knowledge in a practical setting. There was a significant increase in students' self-reported confidence in their ability to provide nutritional counseling to patients.



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My Role Delivering CM in Nursing Education

Culinary Experience for Senior Nursing Students: Building Community and Enhancing Self-Care
 Kathryn Bultman, DNP, MACM, MEDS/MS/PA, CHS, EBP (CH) & Aimee Shea, MPH, RDN, CCMS, LD
 Mount Carmel College of Nursing

Background
 The purpose of this study was to evaluate the effectiveness of a culinary medicine intervention for senior nursing students. The study aimed to determine if the intervention improved students' knowledge of healthy eating habits and their ability to apply this knowledge in a practical setting.

Objectives
 1. Evaluate the effectiveness of a culinary medicine intervention for senior nursing students.
 2. Determine if the intervention improved students' knowledge of healthy eating habits and their ability to apply this knowledge in a practical setting.
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Nursing Student Feedback



Senior Nursing Students

- Fun, interactive way to learn that promoted teamwork and collaboration
- Ideas for healthy recipes and new culinary skills
- “[This class] showed me how fresh/healthy isn’t complex. Very easy to make.”
- “[This class] will help me provide healthy food options to patients.”

Junior Nursing Students

- Students appreciated the opportunity to work together with their classmates in a fun, relaxed, hands-on cooking experience
- “Connecting what we made with the benefit to a patient with GDM.”
- “I have learned new ways of choosing nutritious food for myself and patients during pregnancy.”

GDM = Gestational Diabetes Mellitus

Sutherland K, Shea A. *Nurs Educ Perspect*. Published online September 22, 2025. doi:10.1097/01.NEP.0000000000001473

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Community Nutrition Education

- Expanded Food and Nutrition Education Program (EFNEP)
- Supplemental Nutrition Assistance Program Education (SNAP-Ed)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- University Cooperative Extension offices
- Community Gardens & Mobile Markets
- Local Health Departments
- Senior Centers/Local Office on Aging



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Examples of CM in the Community



- Improved HgbA1c, blood pressure, and cholesterol in patients with type 2 diabetes who participated in hands-on cooking and nutrition classes
- Increased adherence to the Mediterranean dietary pattern and food costs savings after participating in a 6-week hands-on cooking class
- Teaching kitchen that promotes chronic disease management is associated with improved blood pressure, A1c, and cholesterol
- Hands-on pediatric cooking and nutrition class for children of participants in a community culinary medicine class demonstrated a positive impact on child nutrition

Marshall H, Albin J. *Matern Child Health J.* 2021;25(1):54-58. Monlezun DJ, et al. *Diabetes Res Clin Pract.* 2015;109(2):420-426. Razavi AC, et al. *Public Health Nutr.* 2021;24(8):2297-2303. Tanumihardjo JP, et al. *Nutrients.* 2023;15(20):4368. Image used with permission from American College of Culinary Medicine (ACCM)

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My Role Delivering Community CM Programs

- 6-week series for community members, offered twice a year
 - Focused on improving nutrition knowledge and culinary skills
 - Recipes centered around the Mediterranean dietary pattern
 - Based on *Health meets Food* curriculum from the American College of Culinary Medicine
- Starting a 4-week "advanced/level 2" series



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From Clinic to Kitchen: Applying Culinary Medicine in Practice

Participant Data & Outcomes



- Mean participant age: 66.9 years old
- 91% female, 51% African American, 39% Caucasian
- 54% of participants have completed all 6 classes at least once
- At the end of the series, there was a **statistically significant increase** in the percentage of participants who:
 - had heard of the Mediterranean dietary pattern ($p = 0.001$).
 - use a nutrition label to help make food choices ($p < 0.0001$).
 - use MyPlate to help ensure the suggested food groups and portion sizes ($p = 0.0002$).
 - believe that they can easily find and purchase foods to eat healthfully ($p = 0.02$).

Preliminary, unpublished data Image used with permission from American College of Culinary Medicine (ACCM)

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Participant Outcomes

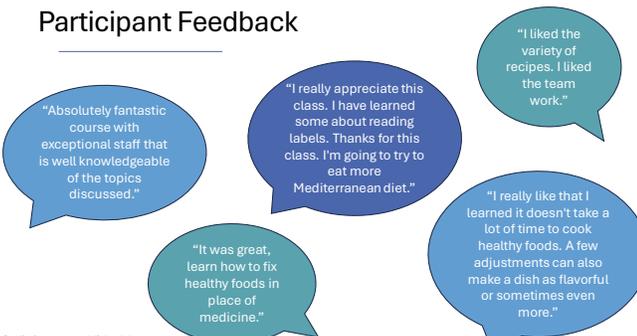


- At the end of the series, participants reported consuming:
 - **fewer** sugar sweetened drinks ($p = 0.005$).
 - **fewer** pre-packaged, store/restaurant bought breakfast items ($p = 0.008$).
 - **more** vegetables (such as spinach, carrots, tomatoes) ($p = 0.008$).
 - **more** legumes (beans, peanuts, peas, lentils) ($p = 0.003$).
 - **more** whole grain breads and cereals ($p = 0.046$).
- At the end of the series, there was a **statistically significant increase** in the how participants rated their healthy eating habits ($p < 0.0001$)

Preliminary, unpublished data Image used with permission from American College of Culinary Medicine (ACCM)

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Participant Feedback



Preliminary, unpublished data

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Applying Culinary Medicine Principles

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The Health meets Food Culinary Medicine Curriculum

- Based on the Mediterranean dietary pattern
- Nine dietary components → Mediterranean Diet Score (0 to 9 points)
- A two-point improvement in Mediterranean Diet Score – from 5 to 7 – confers a **25% reduction in death from all causes**, including heart disease and cancer

de Lorgeril M, et al. *Circulation*. 1999;99(6):779-785.
Trichopoulos A, et al. *N Engl J Med*. 2003;348(25):2599-2608.

Handout image used with permission from American College of Culinary Medicine (ACCM)

The Mediterranean Diet

The focus of this diet is 9 nutritious food groups. Adding just a few of these healthy food groups into your diet can greatly improve overall nutritional health and may prevent chronic disease (heart disease, diabetes, etc.).

Food Group	How Much?	Foods to Try
Vegetables	At least 4 1/2 cups per day (5 servings per day)	Dark leafy greens, carrots, cucumbers, and bell peppers; cauliflower, mushrooms, tomatoes, green beans, and eggplant.
Legumes	At least 4 1/2 cups per week (3 servings per week)	Lentils, chickpeas, black beans, kidney beans, and pinto beans.
Fruits and Nuts	At least 4 1/2 cups per day (5 servings per day)	Apples, berries, citrus fruits, grapes, kiwi, pears, plums, and prunes.
Whole Grains	At least 4 1/2 cups per day (5 servings per day)	Whole wheat, oat, barley, and rye.
Seafood	At least 4 1/2 cups per week (3 servings per week)	Fatty fish, salmon, tuna, and sardines.
Oils / Fats	Choose good sources like olive oil and nuts	Extra virgin olive oil, avocado oil, and nuts.
Dairy	At least 3 cups per day (3 servings per day)	Low-fat and fat-free yogurt, cheese, and milk.
Red Meat / Processed Meats	At least 4 1/2 cups per week (3 servings per week)	Lean cuts of beef, pork, and lamb.
Alcohol	Women: 1 drink per day Men: 2 drinks per day	Red wine (in moderation).

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Translating Mediterranean Diet Principles

Ingredient	Mediterranean swap	Category
Semolina Noodles	Whole wheat noodles; lentil noodles; legume/semolina mixture	Whole grains
80/10 beef	90/10 beef; smaller amount 80/10 beef with mushrooms; lentils or texturized soy protein	Meat Oils and fats Legumes
Iceberg lettuce salad with Ranch dressing	Spinach or mixed greens salad with balsamic vinegar and olive oil dressing; Add extra veggies; consider adding fruit	Vegetables Oils and fats Fruit

[Health meets Food Recipe Database](#) – free to use!

Table used with permission from American College of Culinary Medicine (ACCM)

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Translating Mediterranean Diet Principles

Ingredient	Mediterranean swap	Category
Flour tortilla	Corn or whole wheat tortilla	Whole grains
Fried fish/shrimp	Baked fish/shrimp cooked in olive oil	Fish and Seafood/oils and fats
80/20 ground beef	90/10 beef; beef with lentils	Meats/legumes/oils and fats
Iceberg lettuce	Red cabbage, spinach, roasted cauliflower, mushrooms	Vegetables
Sour cream	Greek yogurt	Dairy



Table used with permission from American College of Culinary Medicine (ACCM)

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Culinary Medicine Teaching Concepts

Let's compare...

vs

Homemade Taco Seasoning

- Ingredients: chili powder, cumin, onion powder, oregano, salt
- 270 mg sodium per 3.3 tablespoons
- Salt-free chili powder brands

Lots of discussion about recipe adjustments and food choices to highlight changes that are relevant to chronic disease prevention and management!

Nutrition Facts

Serving Size 3.33 Tablespoons (33g)

Calories 100

% Daily Value*

Total Fat 1g 2%

Total Carbohydrate 20g 40%

Total Protein 1g 2%

Sodium 270mg 54%

*Percent Daily Values are based on a diet of other people's secrets.

Original CM class slides created by A. Shea

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Interested in Culinary Medicine?

Continuing Education and Certification for RDNs



CCMS Certification



CM Conference

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From Clinic to Kitchen: Applying Culinary Medicine in Practice

Comments? Questions?

Thanks for your participation!

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Thank you!



- **Credit Hours:** Please watch for a follow up email with detailed information on how to obtain your certificate (instructions are also on the next slide).
- **Please send questions/comments to info@beckydorner.com**

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Certificates



Navigate to [your Account Area](#) to access your tests.

Follow these steps to take a CPE test and obtain your certificate:

1. Once you are logged in to your account, navigate to your "Account Area", then click on the "Tests/Certificates" account button (on the left side bar).
2. You will see all your courses and webinars. Choose the webinar you want to complete under "Test Name." Click on "Use."
3. Click on the "Start" button to begin the process.
4. Upon passing the test, you will automatically be directed to the online evaluation. *Please note that completing the evaluation is optional*, however, we do appreciate your feedback which allows us to continually improve our programs.
5. Click "Submit" when finished.
6. You will be redirected back to the Account Area, within Test/Certificates. Click on the Download button to the right of your completed program to print your certificate and/or save it to your computer. Your certificate will also be emailed to you.

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