



CERTIFICATION BOARD FOR  
**C B N S**  
NUTRITION SPECIALISTS

## APPLICATION FOR CERTIFICATION BY EXAMINATION Saturday, May 16, 2009

Name \_\_\_\_\_ Degree \_\_\_\_\_  
(PLEASE PRINT CLEARLY OR TYPE)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Country \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Institution or Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Country \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Office e-mail \_\_\_\_\_

**Education:** Please list each degree with major, institution where earned, and year of graduation.

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Check any that apply:

- Member, ACN     Fellow, ACN     Member, ASNS and/or ASCN  
 Diplomate, ABN     Registered Dietitian     LD or LN; State \_\_\_\_\_  
 Member of other nutrition society; which? \_\_\_\_\_

Please select three examination sites in order of preference.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Professional Experience:** Please list institutions and employers, inclusive dates, hours per year or fraction. \*Asterisk supervised experience.

<i>Exact dates (month/day/year)</i>	<i>Type of experience including name and address of employer/supervisor.</i>
1. ___/___/___ to ___/___/___	
2. ___/___/___ to ___/___/___	
3. ___/___/___ to ___/___/___	
4. ___/___/___ to ___/___/___	
5. ___/___/___ to ___/___/___	

**Please enclose:**

1. An official transcript of completed, qualifying advanced degree from an accredited institution.  Check box if school will forward transcript.
2. Copy of current professional license.
3. Curriculum vitae or resume plus appropriate supporting documentation.
4. Letter of reference indicating required supervised experience.

The Credential Committee reserves the right to request additional information.

**Sign and date this application, and include check for \$350.00 payable to CBNS.**

Completed application form, payment, and supporting materials (including transcripts) must be received no later than April 24, 2009.

I, \_\_\_\_\_ certify that the information on this form and attachments are correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_