COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995
312/899-0040, extension 4764

Name/Address Change Form for Registration Eligibility

For Name Changes you *MUST* include a copy of your marriage license, divorce decree or court order. Your record cannot be updated without this document.

NOTE:	It is important that you **COMPLETE ALL AREAS** on this form prior to submission for name/address changes to assist in prompt processing.

ONLY USE THIS FORM AFTER YOU HAVE LEFT YOUR PROGRAM AND HAVE A NAME AND/OR ADDRESS CHANGE.

_____

ADA Member Number (If Applicable)

Previous Name/Address **(The information that was submitted to your Program Director on the CDR Copy you completed)**

_____
Last Name (Please Print) First Initial Maiden

_____
Address City State Zip

_____ _____
E-Mail Address Social Security Number

(_____)_____ (_____)_____ (_____)_____
Home Phone Number Work Phone Number - **Daytime** Number Cell Phone Number

New Information:

_____
Effective Date

_____
Last Name (Please Print) First Middle Initial Maiden Previous

_____
Address City State Zip

_____ _____
E-Mail Address Alternate E-Mail Address

(_____)_____ (_____)_____ (_____)_____
Home Phone Number Daytime - Work Phone Number Cell Phone Number

_____ /_____
Print Program Directors Name / 4-Digit Program Code

_____ _____
CANDIDATE SIGNATURE **TODAY'S DATE**

NOTE: **Please notify Peggy Anderson** at the Commission on Dietetic Registration (CDR) **VIA FAX AT 312/ 899-4772** of name/address changes. This will ensure that confirmation of the registration eligibility and examination information is delivered to you in a timely manner. Use this form to submit to CDR **ONLY if your name/address CHANGES AFTER** your Program Director has submitted your eligibility application for processing.

Student Form