COMMISSION ON DIETETIC REGISTRATION

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

For CRMS --- Revised 4/09

Registration Eligibility Application Form -- MUST USE BLUE INK

☐ **Applicant for Dietitian Registration Examination**
☐ **Applicant for Dietetic Technician Registration Examination**

IMPORTANT NOTE:	**ALL AREAS ON THIS FORM MUST BE COMPLETED TO ASSIST IN PROMPT PROCESSING OF THE ELIGIBILITY APPLICATION. Failure to complete and sign areas will result in processing delays.**

↑ **ADA Member Number** ↑ **You must provide a copy of your membership card**

Name/Address (Enter your name as it appears on your government-issued photo identification card.)

Last Name (Please Print) First Middle Initial Maiden Previous

Address City State Zip

Social Security Number E-Mail Address (Do not use an "edu" address)

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

*** * * THIS WHOLE FORM MUST BE COMPLETED IN BLUE INK ONLY * * ***

After your Program Director submits the On-Line Registration Eligibility Application to the Commission on Dietetic Registration (CDR):

- the Commission will send confirmation of your registration eligibility status via e-mail, and
- ACT, Inc. will mail the examination application and *Candidate Handbook* to the address noted above. Please expect it within two to three weeks of CDR's receipt of the Registration Eligibility Application.

Print or Type Program Director's Name **Original Signature of Program Director** **4-Digit Program Code**

Agreement to abide to the ADA/CDR Code of Ethics.
Upon passing the registration examination, "As a registered dietitian or dietetic technician, registered, I agree to abide by the Code of Ethics for the Profession of Dietetics (www.eatright.org/adacode.html), and to hold harmless the Commission on Dietetic Registration, other RDs and DTRs, and CDR employees for their activities in enforcing them.". **Must Use Blue Ink.**

SIGNATURE OF REGISTRATION CANDIDATE **DATE (month/day/year)**
Denotes all information is accurate and the candidates acceptance of the Code of Ethics

PLEASE RETURN THIS FORM TO YOUR PROGRAM DIRECTOR AT THE CONCLUSION OF YOUR PROGRAM ON OR BEFORE YOUR LAST DAY OF THE SUPERVISED PRACTICE PROGRAM.

CDR COPY
(This form must be returned to the Program Director for their submission to CDR)