

COMMISSION ON DIETETIC REGISTRATION

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

PROGRAM DIRECTOR CONTACT FORM

Should questions arise regarding my Class Completion Group submission to CDR, I can be contacted at the following telephone or e-mail address during my absence from the office. (Please make sure CDR has contact information for up to six {6} weeks past class submission.)

If you have multiple contact numbers, please submit additional forms.

Institution Name

Four-Digit Program Code

Program Director Name -- Please Print, then Sign

Date(s) you will be out of the office

Phone Numbers -- First Choice

Alternate Choice

E-Mail Address(es)

Alternate Contact Name (An individual who will be able to reach me during my absence)

Phone Number and/or E-Mail Address

Additional Comments, if necessary