

CDR

COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the **American Dietetic Association**
120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995

CONTINUING PROFESSIONAL EDUCATION PRIOR APPROVAL REQUEST FORM FOR SELF-STUDY PROGRAMS

Hours are requested for: Registered Dietitians Dietetic Technicians, Registered

For CDR Use Only

Program Number: _____

Topic Code: _____

Learning Need Code: _____

Title _____

Provider _____

Target Audience _____

Contact Person _____

Daytime Phone Number _____

Address _____

Required Documentation: The following information must be provided with this form:

1. Self-study program in printed form, including objectives of the program stated in operational behavioral terms.
2. A bibliography for reference and further reading. Complete references must be cited. Controversial or disputed issues must be presented as such, with documentation from current and reputable refereed scientific journals.
3. Three letters from content experts. Letters should attest to the CPE content appropriateness for Registered Dietitians and DTRs with specific comments. The letters should also attest to the length of time required to complete the program. A resume or vitas must be included for each content expert.
4. Documentation of the background in test item development of the item writers (i.e., participation in class, workshop on item writing techniques including sponsoring organization's name).

Important: Certificates of completion should state hours are approved for RDs and DTRs.

Please indicate CPE reporting procedures to be used for this self study program:

Provider to report Yes No

Monthly Quarterly Annually [Postmark deadline for final submission June 15 of each year]

Individual practitioner to report Yes No

Verification of program completion must be issued to the participant by the program provider

Number of CPE Hours Requested

(60 minutes = 1 CPE hour) _____

CPEU Level _____ (refers to following definitions)

Level 1: Little or no prior knowledge of the area(s) covered. The focus is to increase core knowledge.

Level 2: General knowledge of literature and professional practice in area(s) covered. The focus is to enhance knowledge and application.

Level 3: Thorough knowledge of literature and professional practice within area(s) covered. Focuses on synthesis of recent advances and future directions.

Please indicate the type of self-study:

Audio-based Computer-based Printed

Video-based Web-based

Please select all that apply.

FOR CONTINUING PROFESSIONAL EDUCATION COMMITTEE USE ONLY

Date _____

Disapproved by _____

Approved by _____

Comments _____

Maximum allowable hours _____

Program Approval Date _____

Program Expiration Date _____

**Program providers should submit self-study programs
for re-approval prior to the expiration date note above.**

As a Program Provider, I verify that the content of this continuing education program is education beyond the basic preparation required for initial entry into the profession for the Registered Dietitian and/or the Dietetic Technician, Registered.

NOTE: Approval of CPE hours acknowledges the need for an objective look at the information being presented. Endorsement of presentations is not the function of CDR.

SIGNATURE OF PROGRAM PROVIDER

DATE

Copy Distribution: 1. White to CDR 2. Yellow to Program Provider

RC-5 1/03