



# Examination Application for Board Certification as a Specialist in Renal or Pediatric Nutrition



**Instructions:** Read and follow carefully all specific instructions in the Application Booklet when completing the application forms. Copies of applications will not be accepted. Applications must include original signatures. After you complete this application, return it with your examination fee to: **Commission on Dietetic Registration, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, Attention: Specialty Certification.**

Darken the circle for the examination and date for which you are applying:

Pediatric Nutrition

Spring Examination

Renal Nutrition

Fall Examination

### Part A: Candidate Information

Print the requested information.

Registration Number

Social Security Number

Credentials (separate by commas)

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Last Name

First Name

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Address (No PO Boxes)

Apt. # /Floor

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City

State

Zip Code

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Day-Time Phone Number

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E-mail Address

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Darken the circles to indicate your response to the following questions:

Have you taken this board certification exam before?

If yes, indicate examination:

Yes  No

Pediatric Nutrition  Renal Nutrition

Are you taking this examination to recertify?

If yes, indicate month/year current specialty certification expires:

Yes  No

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Last Name

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Please darken the appropriate circles.

Indicate your highest degree completed:

- Bachelor's degree
- Master's degree
- Doctorate degree
- Other

Specialty certification for your previous jobs:

- Required
- Preferred
- No factor

Specialty certification for your current job:

- Required
- Preferred
- No factor

## Part B- Examination Fee Payment:

Indicate your payment information:

- I have enclosed a \$250 check or money order, made payable to CDR for the examination fee:
- I wish to pay the \$250 examination fee by credit card.

Indicate type of credit card you wish to use for payment:

- Visa
- Mastercard
- Discover
- American Express

Name (as it appears on your credit card)

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Credit Card Number

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Credit Card Expiration Date

Zip Code of Billing Address

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Signature

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Last Name

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## Part C- Documentation of Specialty Hours:

**Instructions:** 2,000 work hours must be completed and documented by the application deadline. Photocopy and complete one Part C form for each position you have held in the specialty area within the past five years until the hours total 2,000. A Part C form must be completed for different positions within the same facility or if you have had several positions at one time. You do not need to document over 2,000 hours. Signatures must be original. Statements that are predated or preissued are invalid. Print the requested information.

Name of Organization:

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Address:

City

State

Zip Code

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Indicate position title:

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### Documented Specialty Work Hours:

Specialty work hours must be completed within the past five years. Therefore, documented dates below should be within the past five years.

Beginning Date of Documented Specialty Work Hours (mo, day, yr)

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End Date of Documented Specialty Work Hours (mo, day, yr)

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Currently Employed at this Position:

Yes  No

Indicate the specialty hours worked within the dates documented above, within the past five years.

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Briefly describe your job duties in this position:

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### Part D: Candidate Acknowledgement

Instructions: Print your first and last name in the space provided. Read the verification statement carefully and then sign and date the application. All signatures must be original. Copies will not be accepted.

I certify that the information and documentation presented in this application are accurate to the best of my knowledge. CDR has the right to verify the information presented. I understand that this application does not guarantee any rights or privileges.

Print your first and last name

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Signature of applicant

Date

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### Part E: Final Checklist

I have read all of the directions and completed the following:

#### Part A: Candidate Information

All information complete

#### Part B: Specialty Examination Fee Payment

I have enclosed my payment

If paying by check, my check is signed and my RD number is written on the check

If paying by credit card, my credit card information is complete

#### Part C: Documentation of Specialty Hours

Completed all sections

2,000 documented work hours within the past five years

Brief job description completed

Original signature from authorized individual

#### Part D: Candidate Acknowledgement

I have read and signed the statement

