COMMISSION ON DIETETIC REGISTRATION

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

3/2010

Registration Eligibility Application for the Registration Examination for Dietetic Technicians Didactic Program in Dietetics Graduates (DPD) Only

IMPORTANT NOTE: **ALL AREAS ON THIS APPLICATION FORM MUST BE COMPLETED. Failure to complete and sign areas will result in processing delays.**

ADA Membership Number (former or current) | Social Security Number

Last Name (Please Print) | First | Middle Initial | Maiden | Previous
(Enter your name as it appears on your government-issued photo identification card.)

Address | City | State | Zip

Personal E-Mail Address (Do not use an ".edu" address)

( ) Home Phone Number | ( ) Daytime or Work Phone Number | ( ) Cell Phone Number

Exam Candidate Survey Questions

Each applicant must answer the survey questions in the following link in order for their application to be processed. Please do this survey now. Thank you for your cooperation

http://ecom.eatright.org/CRMS/survey.asp

Agreement to abide to the ADA/CDR Code of Ethics

"I agree to abide by the Code of Ethics for the Profession of Dietetics and to hold harmless the Commission on Dietetic Registration, other RDs and DTRs, and CDR employees for their activities in enforcing them." Please follow the direct link: http://www.eatright.org/HealthProfessionals/content.aspx?id=6868

SIGNATURE OF EXAMINATION CANDIDATE (blue ink) **DATE (month/day/year)**

Denotes all information is accurate and the candidate's acceptance of the ADA/CDR Code of Ethics.

Note to Applicant: After the DPD Program Director submits the Registration Eligibility Application to 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.

Exam Candidate Documentation Verified by DPD Program Director

This application and CRMS documents must be submitted by the DPD Program Director to CDR, Attention: Peggy Anderson. Please refer to the instructions in Steps 7 & 8 of the Quick Reference Checklist.

Check off each document (3) indicating that it has been verified and retained in the DPD Program Director file in the event that the submission is audited, and the original documents must be sent to CDR.

○ **Original BS degree transcript** ○ **Original DPD Verification Statement (signed)** ○ **DTRE Mis-Use Form (signed)**

Print or Type Program Director's Name | **Original Signature of Program Director (blue ink)** | **4-Digit Program Code** T