



APPLICATION FOR CERTIFICATION BY EXAMINATION
Certification Board for Nutrition Specialists

Name _____ Degree/Credentials _____

Home Address _____

CITY: _____ STATE: _____ ZIP/COUNTRY: _____

Phone: W H C (circle one) (_____) _____

E-mail _____

Institution or Employer _____

Work Address _____

CITY: _____ STATE: _____ ZIP/COUNTRY: _____

EDUCATION: List each degree, major, institution, and year of graduation (From college on).

Check any that apply:

Member, ACN Fellow, ACN

Registered dietitian LD or LN,

Member, other nutrition societies (please list): _____

Please select three examination sites, in order of preference (please note that assignment to a specific location cannot be guaranteed):

Boston, MA

Los Angeles, CA

Levittown, NY

Chicago, IL

San Francisco, CA

Pittsburgh, PA

Clearwater, FL

New York City, NY

Washington, DC

Professional Experience: please list institutions and employers, inclusive dates, and approximate hours per year practicing nutrition. If these include your hours of required supervised experience, please mark it with an asterisk (*). Please do not write "see attached" or "see CV".

Please list dates, institution, employer or supervisor. If your required supervised experience is listed, note the number of hours claimed.

Professional Certifications: _____

Professional Licenses: _____

Please enclose or have sent to CBNS at address below:

1) An official transcript of a completed, qualifying advanced degree or have school send an official transcript confirming the awarding of an advanced degree.

Check box if school will forward transcript directly to CBNS.

2) Copy of current professional license (if any).

3) CV or resume plus appropriate supporting documentation (see instructions).

4) 2 sealed Letters of Reference from individuals familiar with your work in nutrition.

5) Letter from supervisor attesting to and evaluating your 1,000 hours (500 if you are a PhD or DSc) of supervised experience (also counts toward your 2 letters of reference);

or

If you are a licensed MD, DO, DDS, DPM, OD, DC, Pharm.D, DPT or Doctor of Nursing: Documentation of graduation, a copy of the current license, and either documentation of 50 hours of continuing education in nutrition or 10 detailed case studies.

6) Sign and date this application; and

7) Include payment, or pay online at www.CBNS.org:

_____ \$50 nonrefundable application fee

_____ \$300 refundable examination fee

_____ \$50 nonrefundable Study Guide (e-book) fee

\$_____ TOTAL | Make checks payable to CBNS.

Please note that if only the nonrefundable application fee is included with this application, and your application is approved, you will be allowed to sit for the examination only after your examination fee is received by CBNS.

Completed application form, payment and supporting materials (including transcripts) must be received no later than two months prior to the exam.

By checking this box, I certify that the information on this form and attachments is correct, accurate and truthful.

Signed _____ Date _____

Three Options to Submit Application:

1. Scan and email to office@CBNS.org

2. Fax to (888) 712-1450

3. Mail to:

Certification Board for Nutrition Specialists

4707 Willow Springs Rd, Suite 203B

La Grange, IL 60525

Tel: (202) 903-0267 | CBNS.org | office@CBNS.org