



Certification Board for Nutrition Specialists
4707 Willow Springs Rd, Suite 203B
La Grange, IL 60525
Tel: (202) 903-0267; Fax: (888) 712-1450
www.CBNS.org | office@CBNS.org

RECERTIFICATION APPLICATION

Name _____ Degree _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____ CNS # _____

Check Enclosed: \$ _____ (Please make check payable to CBNS).

Fee due: \$200.00 per recertification.

Dates of recertification: _____ through _____ .

Number of CE units earned between _____ and _____ = _____

(Please provide details on accompanying form. However, please do not submit original CE certificates because they will be not be retained by CBNS after your recertification application is processed.)

Please note that this application, the CE Reporting Form and your check must be submitted together.

(At this time CBNS is not able to process credit card payments.

Thank you for your understanding.)



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RECORDING OF EARNED CONTINUING EDUCATION CREDITS (CE)

Please mail this form with copies of Certificates of Attendance to CBNS office in Illinois.

Please do not submit original CE certificates because they will be not be retained by CBNS after your recertification application is processed.

Name _____ CNS# _____

Title of CE Event:			
Sponsor of CE Event:			
Location of CE Event:			
Date(s) of CE Event:		No. of CE's Awarded:	

Title of CE Event:			
Sponsor of CE Event:			
Location of CE Event:			
Date(s) of CE Event:		No. of CE's Awarded:	

**PLEASE USE THIS FORM TO RECORD YOUR CONTINUING EDUCATION CREDITS.
YOU NEED TO SUBMIT \$200.00 AND 75 CE EVERY FIVE YEARS TO
MAINTAIN YOUR CNS TITLE**

Name _____ CNS# _____

Title of CE Event:			
Sponsor of CE Event:			
Location of CE Event:			
Date(s) of CE Event:		No. of CE's Awarded:	

Title of CE Event:			
Sponsor of CE Event:			
Location of CE Event:			
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