CCN

CLINICAL NUTRITION CERTIFICATION BOARD

CERTIFIED CLINICAL
NUTRITIONIST

Credentials Office: 400 Chisholm Place, Suite 303
Plano, Texas 75075 (972) 250-2829 (972) 250-0233-FAX

CCN EXAMINATION CREDENTIALS REVIEW APPLICATION

Attach the following items: **(MasterCard/ Visa, AMX, Discover)**

☐ $75.00 credentials review & processing fee. (Non-Refundable) **Credit Card#** _____

☐ Applicant letter requesting credentials review.   **Exp.Date:** _____ **CVC Code:** _____

☐ 1 official transcript from each university attended.   **Check#** _____

☐ Curriculum vitae, 2 personal & 2 professional reference letters.

☐ Attach 2 passport-sized photos.

PLEASE PRINT RESPONSES IN BLACK INK.

1. Date of application: _____

2. Social Security number: _____

3. Legal name (last name, first name, Middle) _____

4. Other names that may appear on your academic records: (last name(s), first name, middle):
_____

5. Home mailing address: _____

6. Office Name:_____
7. Office Address : _____
_____

8. Home Telephone: _____ **Business Telephone:** _____
   Fax number: _____ **Mobile Number:** _____
   E-mail: _____

9. Birthdate: _____ **Birthplace**(city, state, country)**:** _____

10. Country of citizenship: _____

11. College Level Examination Program(CLEP)test date(if apllicable)**:** _____
   Offical transcripts of all college education and/or official scores of CLEP tests must be submitted before
   your application is considered complete.

12. Degree(s) held:

DEGREE IN NUTRITION
☐Bachelor of Science
☐Master of Science
☐Doctor of Philosophy
☐Currently enrolled in B.S. program; proof attached.
☐Bachelor of Arts
☐Bachelor of Arts plus Core Courses in Science & Nutrition
☐International Degree

PROFESSIONAL DEGREES
☐M.D.
☐D.D.S.
☐D.O.
☐D.C.
☐R.D.
☐R.N.
☐R.Ph.
☐N.D.
☐OTHER Describe_____

13. Colleges and universities attended. List in chronological order all colleges and universities attended including professional schools, regardless of lenth of attendance, even if no work was completed.

Name and Location of Institution	Mo./Yr. of Attendance		Major	Estimated Overall GPA	Degree Earned Mo./Yr. (to be) Received
	From	To			

14. College work in progress or planned. List below the college courses in which you are currently enrolled and the additional courses you plan to complete. (Attach separate sheet if necessary.)

Courses in progress				Courses planned			
Institution	Term/Year	Dept. Course No. and Title	Unit Value	Institution	Term/Year	Dept. Course No. and Title	Unit Value

15. Academic honors (scholarships, awards, publications)**:** _____
_____

16. Professional Organizations to which you belong**:** _____
_____

17. Employment: List all applicable employment relevant to your professional (academic) goal. Indicate present employer, if now employed.

Employer	Nature of Work	Inclusion Dates

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission.

Signature of Applicant:_____ **Date:** _____

FOR OFFICE USE ONLY
Date of examination: _____

Date of issue of certificate: _____