



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)

- Checkboxes for \$75.00 fee, applicant letter, transcripts, curriculum vitae, and photos. Includes fields for Credit Card#, Exp.Date, CVC Code, Check#, and Credit Card Zip Code.

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 applicable): _____

Official 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

- Checkboxes for 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

- Checkboxes for M.D., D.D.S., D.O., D.C., R.D., R.N., R.Ph., N.D., and OTHER Describe _____

13. Colleges and universities attended. List in chronological order all colleges and universities attended including professional schools, regardless of length 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 | | | |
| | | | | | |
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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 |
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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 |
|----------|----------------|-----------------|
| | | |
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| | | |

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: _____