

_____ Black or African American (A person having origins in any of the black racial groups of Africa.)

_____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

_____ Other

11. University or College Major Degree Obtained Date

Address _____

Address _____

Address _____

12. Are you a Registered Dietitian? Yes _____ No _____
Are you a Certified Nutrition Specialist? Yes _____ No _____

13. If yes, give registration number and submit a copy of current CDR card or CNS certificate.

RD _____
CNS _____

14. SUPERVISED CLINICAL OR RESEARCH EXPERIENCE

Institution

Address _____
(Street) (City) (State) (Zip)

Inclusive Dates of Experience _____

Names and Title of Supervisor _____

15. WORK EXPERIENCE

How many years have you professionally practiced within the scope of dietetic practice? _____

Give dates: _____

16. Give addresses of all locations where you have practiced, showing length of time in each location.

<u>Job Title</u>	<u>Address</u>	<u>Name of Supervisor</u>	<u>Dates From - To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S AFFIDAVIT:

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge.

Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date: _____ Signature: _____

**THE STATE OF
COUNTY OF**

BEFORE ME the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purpose and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this ____ day of _____, 20_____, Notary Public in and for _____ County, Maryland or _____.

(Signature of Notary)

(Printed Name of Notary)

My Commission Expires: _____

FOR BOARD USE ONLY

Date Application Received	
Application Fee Received	
CDR Card Received	
CNS Documentation Received	
Transcript Received	
Recency of Education	
Experience Form Received	
Date of Examination	
Date Reviewed	
Reviewing	
Wall Certificate Typed	