

# CDR Accredited Provider Annual Report

*All information provided in this report is confidential and will be presented as aggregate data in an annual report of CDR Accredited Providers. Please include information for the **June 1, 2018-May 31, 2019 program year unless otherwise specified.** Thank you for your assistance and for being a CDR Accredited Provider of registered dietitian/dietetic technician, registered (RD/DTR) continuing professional education (CPE)!*

**Provider Name:**

**Mailing Address:**

**City/ State/ Zip Code:**

**Name of Contact Person:**

**Title of Contact Person:**

**Telephone Number:**

**Email Address:**

**Website Address:**

**Date Originally Accredited as a CPE Provider by CDR:**

**1. Your organization is:**

- Nonprofit
- For profit

**2. As a CDR CPE Accredited Provider, which of the following Activity Types does your organization offer?**

- |                                    |  |
|------------------------------------|--|
| 110—Case Presentations             | 175—Recorded Pre-Approved CPE          |
| 120—Certificate Program            | 700—Self-study Audio-based             |
| 140—Experiential Skill Development | 710—Self-study Computer-Based          |
| 150—Interactive Workshops          | 720—Self-study Printed                 |
| 170—Live Lectures/Seminars         | 730—Self-study Video, DVD, or CD-based |
| 171—Live Webinars/Teleseminars     | 740—Self-study Web-based               |

**3. Please describe your organization**

- Publishing/education company
- RDN/NDTR member organization, eg, dietetic association
- Healthcare delivery system
- College or university
- Military
- Other

4. Do you use the services of an instructional designer for CPE product development, if so who is the designer?
5. Is your organization accredited by any other credentialing bodies? (e.g. ANCC, ACCME)
6. Annual government grant support and annual commercial support received for RD/DTR CPE: \$
7. Names of all organizations providing commercial support for RD/DTR CPE:
8. Total hours of instruction (direct or indirect) by your organization for RD/DTR CPE:
9. Number of item writers used for RD/DTR CPE?  
Please list the names, credentials, and expertise (ie, Educational or testing course or training by CDR or another certification agency) for each item writer used for RD/DTR CPE:
10. Self-Study CPE activities require three content review experts, if your organization offers self-study products, does your organization pay the three required content expert reviewers?
  - Yes
  - No
  - No, we do not offer self-study programs
11. Please list each RD/DTR CPE product/product concept with the topic focus (add more as needed) in the excel spread sheets attached.
12. Number of planned RD/DTR CPE products in development:
13. Do you have a formal complaint process? If so, please attach.
14. How many complains do you receive on an annual basis?



# Recorded Webinar CPEU Activities

(Activity Type 175)

Provider Name:

Provider Username:

| Title of Activity | Total CPEUs Awarded | Original Date of Publication (M/D/Y) | Current Approval Period  |
|-------------------|---------------------|--------------------------------------|--------------------------|
|                   |                     |                                      | Start Date:<br>End Date: |
|                   |                     |                                      | Start Date:<br>End Date: |
|                   |                     |                                      | Start Date:<br>End Date: |
|                   |                     |                                      | Start Date:<br>End Date: |
|                   |                     |                                      | Start Date:<br>End Date: |
|                   |                     |                                      | Start Date:<br>End Date: |

# Self-Study CPEU Activities

(Activity Types 700/710/720/730/740)

Provider Name:

Provider Username:

| Title of Activity | Total CPEUs Awarded | Original Date of Publication (M/D/Y) | Current Approval Period      | Do you Intend to Renew for Another 3 Years?<br>(Select from the drop down box) |
|-------------------|---------------------|--------------------------------------|------------------------------|--|
|                   |                     |                                      | Start Date:<br><br>End Date: |  |
|                   |                     |                                      | Start Date:<br><br>End Date: |  |
|                   |                     |                                      | Start Date:<br><br>End Date: |  |
|                   |                     |                                      | Start Date:<br><br>End Date: |  |
|                   |                     |                                      | Start Date:<br><br>End Date: |  |
|                   |                     |                                      | Start Date:<br><br>End Date: |  |

