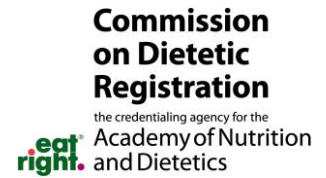




Examination Application For Board Certification as a Specialist in Gerontological Nutrition (CSG)



Instructions: Read and follow carefully all specific instructions in the application booklet when completing the application form. After completing this application, return it with your examination fee to: Commission on Dietetic Registration, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995. Attention: Specialty Certification.

Part A- Candidate Information
Registration Number*:
First and Last Name:
Credentials:
Street Address:
City, State and Zip Code:
Country (if not United States):
Day-Time Phone Number:
E-mail Address:
Indicate Highest Degree Completed: <input type="checkbox"/> bachelors <input type="checkbox"/> masters <input type="checkbox"/> doctorate
Indicate which examination window you are applying (month/year):

*used for identification purposes only



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Registration Number:	Last Name:
Part B- Specialty Examination Fee Payment	
Amount enclosed*:	Special offer code (if applicable):
<input type="checkbox"/> I have enclosed check (please include RD number on your check) Discount code, if applicable:	
<input type="checkbox"/> I wish to pay by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Name as it appears on your credit card:	
Credit card number:	
Credit card expiration date:	
Signature:	

*Please note there is different examination fees associated with different postmark deadline dates. For examination fee schedule, please visit CDR's website <http://cdrnet.org/certifications/board-certification-as-a-specialist-in-gerontological-nutrition-examination-dates-and-fee-schedule> or e-mail specialists@eatright.org .

First application postmark deadline= \$350
Second application postmark deadline= \$375
Third application postmark deadline= \$400



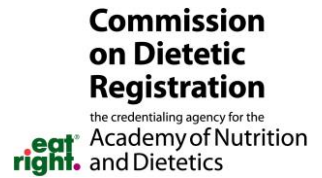
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Registration Number:	Last Name:
Part C-1- Verification of Specialty Practice Hours	
Instructions: Complete one Part C-1 form for each position that you have held in the specialty area (within the past five years) until the required hours are documented. Future dates/hours that have not been worked yet cannot be documented. It is not necessary to document more than the required specialty practice hours. Further information is in the application booklet.	
Specialty practice hour requirement: 2,000 hours	
Name of organization:	
Address:	
Indicate position title:	
Indicate date range of specialty practice hours (mm/dd/yyyy to mm/dd/yyyy):	
Indicate number of specialty hours worked within the date range above:	
Are you currently employed in this position?	
Briefly describe your gerontological nutrition related job duties:	
Authorized Signature: This section is to be completed by the authorized individual, such as employer, supervisor, or human resources or if a consultant the person or doctor who refers clients to you.	
First and Last Name of authorized individual:	
Credentials:	Current position title of authorized individual:
Daytime phone number of authorized individual:	
I verify that the candidate indicated on this form is or was employed or served as an employee/contractor for the organization that I represent. I have reviewed the specialty practice areas as defined below and verify that the applicant's practice experience was related to gerontological nutrition. In the position listed I have/had the opportunity to directly observe the applicant's job responsibilities.	
Authorized signature:	Date:
<input type="checkbox"/> I am a consultant, and instead of the signature of the authorized individual, I have enclosed tax/income documentation and/or pay records, receipt, letter from accountant, and brochure/information about my business to document all of the specialty employment hours listed.	
Gerontological Nutrition Dietitian Definition: Gerontological nutrition dietitians design, implement and manage safe and effective nutrition strategies to promote quality of life and health for older adults. They work directly with older adults to provide optimal nutrition and food sources and information in a variety of settings (such as, hospitals, long term care, assisted living, home health care, community-based nutrition programs, food service industry, correctional facilities, governmental programs, related industries), or indirectly as documented by management, education or research practice linked specifically to gerontological nutrition.	



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Registration Number:		Last Name:	
Part C-2- Verification of Professional Experience			
<p>Instructions: For each professional experience, indicate the number of specialty hours documented. Professional experiences must be gerontological nutrition related and completed within the past five years (from the application postmark deadline). The amount of hours and documentation requirements are listed in the application booklet. Note substitution of the required 2,000 hours cannot exceed 800 hours, even when combined with an education substitution. If you do not have any specialty hours from professional experiences or if you have all of the required hours through work experience, then <i>please skip this section</i>.</p>			
<i>Specialty Work Experience</i>		<i>Number of Specialty Hours Documented</i>	
Primary author of an article in a peer-reviewed scientific publication (20 hours maximum per article)			
Co-author of an article in a peer-reviewed scientific publication (10 hours maximum per article)			
Author of a gerontological nutrition textbook/manual (100 hours maximum per textbook/manual)			
Author of a chapter in a gerontological nutrition textbook/manual (25 hours maximum per chapter)			
Presenter at a peer-reviewed national, state and/or regional scientific conference (15 hours maximum per presentation)			
Research-sole or principal investigator (20 hours maximum per research activity)			
Research- co-investigator (10 hours maximum per research activity)			
Required documentation for each activity enclosed* <input type="checkbox"/>			



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Registration Number: _____ Last Name: _____

Part C-3- Substitution of Education

Instructions: Education from an US-accredited college or university (or foreign equivalent) will be allowed to substitute for some of the required experience according to the following chart (any combinations can substitute up to the maximum).

Degree	Hours Substituted
Masters degree in nutrition, health or education	300 hours
Doctorate degree in nutrition, health or education	400 hours
Fellowship in specialty area, post RD	500 hours

Note: graduate degrees and fellowship hours, even if combined with another degree or specialty professional experience hours, cannot substitute for more than 800 hours (40%) of the required 2,000 hours of specialty practice experience. For more information and instructions, refer to the application booklet. If you are not using an educational degree to substitute for a portion of your specialty practice hours or if you have all of your required practice hours through employment and/or professional experiences, then *please skip this section*.

Name of College/University:

Address:

City, State and Zip Code:

Type of Degree:

Date degree completed (mm/dd/yyyy):

Hours substituted:

Official transcript enclosed



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Registration Number:	Last Name:
Part D- Candidate Acknowledgement	
Instructions: Read the verification statement and then sign and date the application.	
I certify that the information and documentation presented in this application are accurate to the best of my knowledge. CDR has the right to verify the information presented. I understand that this application does not guarantee any rights or privileges.	
Print your first and last name:	
Signature of applicant:	
Date:	

Part E- Final Checklist	
Part A- Candidate Information:	
<input type="checkbox"/> All information is complete	
Part B- Specialty Examination Fee	
<input type="checkbox"/> Payment enclosed	
<input type="checkbox"/> If paying by check, RD number is written on check	
<input type="checkbox"/> If paying credit card, information is complete	
Part C-1- Verification of Employment	Total hours documented:
<input type="checkbox"/> Required work hours documented within the past five years	
Part C-2- Verification of Professional Experience	Total hours documented:
<input type="checkbox"/> Documented dates for professional experiences within the past five years	
<input type="checkbox"/> Required documentation enclosed for professional experiences	
Part C-3- Education Substitution	Total hours documented
<input type="checkbox"/> Official transcript enclosed	
Minimum total of 2,000 specialty hours documented	
Part D- Candidate Acknowledgement	
<input type="checkbox"/> I have read and signed the acknowledgement statement	