Board Certification as a Specialist in Oncology Nutrition Examination Application

Instructions: Read and follow all specific instructions in the Application Booklet when completing the application forms. Applications must include original signatures. After you complete 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

Social Security Number

Indicate the examination window for which you are applying: _____

Credentials (Divide credentials with commas)

Last Name

First Name

Address (No PO Boxes)

Apt #/Floor

City

State

Zip

Day-Time Phone Number

E-mail Address

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Part A: Candidate Information Continued

Indicate your response to the following questions:

Have you taken this board certification exam before?

Yes ☐ No ☐

Indicate your highest degree completed

Bachelor's degree ☐ Master's degree ☐

Doctorate degree ☐ Other ☐

Specialty Certification for your current job:

Required ☐ Preferred ☐ No Factor ☐

Indicate your area of practice. Mark all that apply:

- ☐ Cancer prevention/wellness
- ☐ Hematology
- ☐ Hematopoietic stem cell transplant
- ☐ Hospice/palliative care
- ☐ Medical oncology (chemotherapy)
- ☐ Oncology nutrition related research
- ☐ Radiation oncology
- ☐ Surgical oncology

Indicate your primary work setting (s). Mark all that apply:

- ☐ Acute care facility
- ☐ Ambulatory cancer center
- ☐ Community hospital
- ☐ Community nutrition programs
- ☐ Community/public health facility or organization
- ☐ Education
- ☐ Foodservice
- ☐ Government agency
- ☐ Home health care agency
- ☐ Hospice
- ☐ Hospital (inpatient)
- ☐ Long term care facility
- ☐ Medical Center
- ☐ Non-profit organization (e.g. American Cancer Society)
- ☐ Outpatient Clinic
- ☐ Private practice/consulting
- ☐ Research
- ☐ Veterans Administration
- ☐ Wellness
- ☐ Other

Part B: Examination Fee Payment

Indicate your payment information:

I have enclosed a $250 check or money order, made payable to CDR ☐

I wish to pay the $250 by credit card:

Indicate type of credit card you wish to use for payment:

Visa ☐ MasterCard ☐ Discover ☐ American Express ☐

Name (as it appears on your credit card):

Credit Card Number:

Credit Card Expiration Date:

Zip Code of Billing Address:

Signature:

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Part C: Documentation of Specialty Hours

Instructions: Read and follow carefully all specific instructions in the application booklet. 2,000 specialty work hours must be completed and documented by the application deadline. Photocopy and complete one Part C-1 form for each position you have held in the specialty area within the past five years until the hours total 2,000. You do not need to document over 2,000 hours.
Signatures must be original. Statements that are pre-issued or pre-dated are invalid. Please note that certain education and professional experiences can be used as substitution for the required 2,000 specialty practice hours up to a maximum of 40% (800 hours). See application booklet for more information.

C-1 Verification of Employment– For each job position, print the requested information.

Name of Organization:

Address | City | State | Zip

Indicate position title:

Documented Specialty Practice Hours: Specialty work hours must be completed within the past five years (from the date the application is due). Therefore, documented dates below should be within the past five years (from the date the application is due). Also, please note the dates should reflect the time frame for the hours that you are documenting (which may not necessarily be your start date of employment).

Dates of Documented Specialty Work hours (Month-Day-Year– dates must be within the past 5 years):

to

Indicate the specialty hours worked within the dates/time frame above: ,

Are you currently employed in this position? Yes ☐ No ☐

Briefly describe your job duties in this position:

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Part C-1: Continued

Verification of Employment– Authorized Signature:

Instructions: This section is to be completed by the authorized individual, such as an employer, supervisor, or human resources. If you are a consultant then the person or MD who refers clients to you can sign the form. Another option for consultants would be to include tax/income documentation as well as a brochure/information about your business. (See application instruction booklet for more information regarding verification of employment).

First and Last Name of Authorized Individual | Credentials

Current Position Title of Authorized Individual

Day-Time Phone Number of Authorized Individual

I verify that the candidate indicated on this form is or was employed or served as a contractor for the organization that I represent. I have reviewed the specialty practice areas as defined below on this form and verify that the candidate's practice experience was directly related to the specialty areas applied. In the position listed, I have/had the opportunity to directly observe the candidate's job responsibilities.

Original Signature of Authorized Individual | Date

☐ I am a consultant, and instead of the signature of the authorized individual, I have enclosed tax/ income documentation and a brochure/information about my business to document all of the specialty employment hours listed.

Oncology Nutrition Dietitian Definition:
RDs working directly with individuals at risk for, or diagnosed with, any type of malignancy or pre-malignant condition, in a variety of settings (e.g. hospitals, clinics, cancer centers, hospices, public health) OR indirectly through roles in management, education, industry, research practice linked specifically to oncology nutrition.

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Part C- Documentation of Specialty Hours:

Part C-2: Verification of Professional Experience- For each professional experience, print and enclose the requested information, with the application. Professional experience(s) must be related to oncology nutrition and be completed within the past five years. Note that substitution of the required 2,000 specialty practice hours cannot exceed 800 hours, even when combined with an education substitution. Print the requested information.

Specialty Work Experience	Documentation Required	Number of Specialty Hours Documented
Primary author of an article in a peer-reviewed scientific publication *(20 hours, maximum per article)*	☐ Copy of the article(s) or letter(s) verifying acceptance for publication in a peer-reviewed journal	
Co-author of an article in a peer-reviewed scientific publication *(10 hours, maximum per article)*	☐ Copy of the article(s) or letter(s) verifying acceptance for publication in a peer-reviewed journal	
Author of a oncology nutrition textbook/manual *(100 hours, maximum per textbook/manual)*	☐ Copy of the title page, copyright page and introduction for each textbook/manual	
Author of chapter in a oncology nutrition textbook/ manual *(15 hours, maximum per textbook/manual)*	☐ Copy of the chapter (s), copy of the title page, copyright page and introduction for each textbook/ manual	
Presenter at a peer-review national, state, and/or regional scientific conference *(5 hours, maximum per presentation)*	☐ Copy of objectives and handouts for presentation, copy of the brochure/program agenda for each presentation documented.	
Research- sole or principal investigator *(20 hours, maximum per research activity)*	☐ Copy of published research article/final summary technical report for each research activity documented	
Research- co-investigator *(10 hours, maximum per research activity)*	☐ Copy of published research article/final summary technical report for each research activity documented	

Total Specialty Professional Experience Hours Documented:	

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Part C– Documentation of Specialty Hours:

Part C-3: Verification of Education– Education from a 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 combination can substitute for up to the maximum). *Note that graduate academic coursework and fellowship hours, even if combined with another degree or specialty professional experience hours, cannot substitute for more than the 800 hours (40%) of the required 2,000 hours of specialty experience. For more information and instructions, refer to the application booklet.

Degree	Hours Substituted
Master's 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

Name of College/University

Address

City State Zip Code

Type of Degree(s), (see above choices) Date of Degree (Month, Day, Year)

Total Hours Substituted: ,

Official transcript enclosed:

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Part D- Candidate Acknowledgement:

Instructions: Print your first and last name in the space provided. Read the verification statement carefully 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:

I have read and all of the directions and completed the following:

Part A- Candidate Information:
- ❍ All information is complete

Part B- Specialty Examination Fee Payment:
- ❍ I have enclosed my payment
- ❍ If paying by check, my check is signed and my RD number is written on the check, check is made payable to CDR
- ❍ If paying by credit card, my credit card information is complete

Part C- Documentation Specialty Practice Hours:

1. Verification of Employment: ,
2. Verification of Professional Experiences: ,
3. Substitution of Education Hours: ,

Total Hours Documented (minimum total of 2,000 specialty hours documented) ,

Part D- Candidate Acknowledgement:
- ❍ I have read and signed the statement.

Please note:
- Education and professional experiences used for substitution of the required 2,000 specialty practice hours can not exceed 800 hours.
- Documented employment and professional experience hours must be with in the past five years (from the date the application is due)
- Original signature must be included
- If documenting education and/or professional experiences, please check all required documentation is enclosed.