COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000 Chicago, Illinois 60606-6995
312/899-0040, extension 4764

5/2012

Registration Eligibility Application for the Registration Examination for Dietetic Technicians Didactic Program in Dietetics Graduates (DPD) Only

IMPORTANT NOTE: **ALL AREAS ON THIS APPLICATION FORM MUST BE COMPLETED. Failure to complete and sign areas will result in processing delays.**

Academy Membership Number (former or current) **Social Security Number**

Last Name (Please Print) **First** **Middle Initial** **Maiden** **Previous**
(Enter your name as it appears on your government-issued photo identification card.)

Address **City** **State** **Zip**

Personal E-Mail Address (Do not use an ".edu" address)

(_____)_____ **(_____)_____** **(_____)_____**
Home Phone Number **Daytime or Work Phone Number** **Cell Phone Number**

Exam Candidate Survey Questions
Each applicant must answer the survey questions in the following link in order for their application to be processed. ***Please do this survey now.*** **Thank you for your cooperation.**

http://ecom.eatright.org/CRMS/survey.asp

Agreement to Abide by the Academy/CDR Code of Ethics.
"I agree to abide by the Code of Ethics for the Profession of Dieteti), and to hold harmless the Commission on Dietetic Registration, other RDs and DTRs, and CDR employees for their activities in enforcing them." **Please follow the direct link:** ***http://www.eatright.org/HealthProfessionals/content.aspx?id=6868***

SIGNATURE OF EXAMINATION CANDIDATE (blue ink) **DATE (month/day/year)**

Denotes all information is accurate and the candidate's acceptance of the Academy/CDR Code of Ethics.

Note to Applicant: After the DPD Program Director submits the Registration Eligibility Application to CDR:

- the Commission will send confirmation of your registration eligibility status via e-mail, and
- ACT, Inc. will e-mail the examination application and *Candidate Handbook* to the e-mail address noted above. Please expect it within two weeks of CDR's receipt of the Registration Eligibility Application.

Exam Candidate Documentation Verified by DPD Program Director
Check off each document (3) indicating that it has been verified and retained in the DPD Program Director file in the event that the submission is audited, and the original documents must be sent to CDR.

○ **Original BS degree transcript** ○ **Original DPD Verification Statement (signed)** ○ **DTRE Mis-Use Form (signed)**

Print or Type Program Director's Name **Original Signature of Program Director (blue ink)** **4-Digit Program Code**

Program Directors: Following the on-line submission of the registration eligibility application, via the Credentialing Registration Maintenance System (CRMS), this application must be submitted to CDR by the DPD Program Director for final processing. Please submit this application, and other required CRMS forms, as a PDF document to CDR per the instructions in Step 8 of the Quick Reference Check List.