

Examination Application for Board Certification as a Specialist in Gerontological Nutrition



Registration Number

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Last Name

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Part C- Documentation of Specialty Hours:

Instructions: 2,000 work hours must be completed and documented by the application deadline. Photocopy and complete one Part C form for each position you have held in the specialty area within the past five years until the hours total 2,000. A Part C form must be completed for different positions within the same facility or if you have had several positions at one time. You do not need to document over 2,000 hours. Signatures must be original. Statements that are predated or preissued are invalid. Print the requested information.

Name of Organization:

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Address:

City

State

Zip Code

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Indicate position title:

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Documented Specialty Work Hours:

Specialty work hours must be completed within the past five years. Therefore, documented dates for this job position below should be within the past five years.

Beginning Date of Documented Specialty Work Hours (mo, day, yr)

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End Date of Documented Specialty Work Hours (mo, day, yr)

		-			-				
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Currently Employed at this Position:

Yes No

Indicate the specialty hours worked within the dates documented above, within the past five years.

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Briefly describe your job duties in this position:

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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. All signatures must be original. Copies will not be accepted.

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

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Signature of applicant

Date

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Part E: Final Checklist

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

Part A: Candidate Information

All information 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

If paying by credit card, my credit card information is complete

Part C: Documentation of Specialty Hours

Completed all sections

2,000 documented work hours within the past five years

Brief job description completed

Original signature from authorized individual

Part E: Candidate Acknowledgement

I have read and signed the statement

