











# Board Certification as a Specialist in Gerontological Nutrition Examination Application



Registration Number

Last Name

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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 maximums). \*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 (mo, day, yr)

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**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. 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:

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2. Verification of Professional Experiences:

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3. Substitution of Education Hours:

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

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### 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.