











## Examination Application for Board Certification as a Specialist in Sports Dietetics

Registration Number

Last Name

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



### Part C- Documentation of Specialty Hours:

**C-3. Substitution of Education:** : Please note that until May 31, 2009, education from a US-accredited college or university (or foreign equivalent) will be allowed to substitute for up to a maximum of 1200 hours of the required experience, according to the following chart. For more information and instructions, refer to the application booklet. For each education substitution, print the requested information.

Type of degree	# of hours that can be	Type of degree	# of hours that can be substituted
Masters Degree- Sports Nutrition Sports Dietetics	1200 hours	Doctorate Degree- Sports Nutrition Sports Dietetics	1200 hours
Masters Degree- Exercise Physiology Exercise Science Kinesiology Science (MS) with emphasis in Sports Nutrition	1000 hours	Doctorate Degree- Exercise Physiology Exercise Science Kinesiology Science (MS) with emphasis in Sports Nutrition	1000 hours
Masters Degree- Dietetics Nutrition	750 hours	Doctorate Degree- Dietetics Nutrition	750 hours
Masters Degree- Science (Chemistry, Biology) Public Health Education Health Sciences Related Area	500 hours	Doctorate Degree- Science (Chemistry, Biology) Public Health Wellness Education Health Sciences Related Area	500 hours
Fellowship/internship- Supervised hours in a Sports Dietetics or Sports Nutrition Internship for Fellowship (must be post-RD)		500 hours maximum (e.g., academic coursework=15 hours/semester credit)	

Name of College/University

Address

City

State

Zip Code

Type of Degree(s), (see above choices)

Date of Degree (mo, day, yr)

		-					
--	--	---	--	--	--	--	--

Date of Degree (mo, day, yr)

		-					
--	--	---	--	--	--	--	--

**Total Hours Substituted:**

	,			
--	---	--	--	--

Official transcript enclosed



# Examination Application for Board Certification as a Specialist in Sports Dietetics



Registration Number

--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 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

--

Signature of applicant

Date

--

## 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

1. Verification of Employment:

--	--	--	--

(Documented employment and professional experience within the past five years, original signatures on forms and/or documentation included.)

2. Verification of Professional Experience:

--	--	--	--

3. Substitution of Education Hours:

--	--	--	--

(maximum of 1200 education hours can be substitute for required work experience, official transcript included with application.)

Total Hours Documented:

--	--	--	--

(minimum total of 1,500 specialty hours documented)

### Part D: Candidate Acknowledgement

I have read and signed the statement

