

COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000 Chicago, Illinois 60606-6995
312/899-0040, extension 4764 or 4781

For CRMS --- Revised 11/14

Registration Eligibility Application Form -- **MUST USE BLUE INK**

- Applicant for Dietitian Registration Examination
 Applicant for Dietetic Technician Registration Examination

IMPORTANT NOTE: ALL AREAS ON THIS FORM MUST BE COMPLETED TO ASSIST IN PROMPT PROCESSING OF THE ELIGIBILITY APPLICATION. Failure to complete and sign areas will result in processing delays.

↑ Academy Member Number ↑

Name/Address (Enter your name as it appears on your government-issued photo identification card.)

Last Name (Please Print)	First Name	Middle Name	Maiden Name	Previous Name
Address		City	State	Zip
Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	E-Mail Address (Do not use an "edu" address)		
(_____) _____ (Circle Type: Home/Work/Cell) Primary Phone Number	(_____) _____ (Circle Type: Home/Work/Cell) Alternate Phone Number			

*** **THIS WHOLE FORM MUST BE COMPLETED IN BLUE INK ONLY** ***

After your Program Director submits the On-Line Registration Eligibility Application to the Commission on Dietetic Registration (CDR):

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

Agreement to abide to the Academy/CDR Code of Ethics.

"I agree to abide by the Code of Ethics for the Profession of Dietetics

(<http://www.eatright.org/HealthProfessionals/content.aspx?id=6868>), and to hold harmless the Commission on Dietetic Registration, other RDNs, RDs, NDTRs and DTRs, and CDR employees for their activities in enforcing them." **Must Use Blue Ink.**

SIGNATURE OF REGISTRATION CANDIDATE

DATE (month/day/year)

Denotes all information is accurate and the candidates acceptance of the Code of Ethics

Print or Type Program Director's Name

Original Signature of Program Director

4-Digit Program Code

PLEASE RETURN THIS FORM TO YOUR PROGRAM DIRECTOR AT THE CONCLUSION OF YOUR PROGRAM ON OR BEFORE YOUR LAST DAY OF THE SUPERVISED PRACTICE PROGRAM.

CDR COPY

(This form must be returned to the Program Director for their submission to CDR)