Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

PROFESSIONAL DEVELOPMENT PORTFOLIO CERTIFICATION STATEMENT

Registration ID #: _____

Name: _____

Credential: _____

Address: _____

_____

Email: _____

Total Number of CPEUs To Be Verified: _____

I request that CDR provide a summary statement of my continuing professional education for my state board for licensure purposes. This information should be sent: ☐ ME ***And / Or*** ☐ *STATE

***State Email or Mailing Address:** _____

Please submit this form to: pdp@eatright.org

In the last five years have you:

Been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, which is **related to the practice of the profession**?	☐ YES	☐ NO
Been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to the principles of the Code of Ethics for the Profession of Dietetics?	☐ YES	☐ NO
Had any professional license, certification or registration denied, revoked or suspended by a state?	☐ YES	☐ NO
Committed a harmful, wrongful and/or unlawful act which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board or an agency of a governmental body?	☐ YES	☐ NO

I certify that the information provided here and in subsequent documentation is true, correct, and accurate to the best of my knowledge. Persons certified by the Commission on Dietetic Registration must comply with the Code of Ethics for the Profession of Dietetics. I understand that information on these forms is submitted for licensure purposes only, and that CPE reports generated from this information do not imply acceptance of this information for CDR recertification purposes.

Signature: _____ **Date:** _____

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STATE LICENSURE
CPE ACTIVITIES LOG

This form is to be used for reporting CPE activities for purposes of state licensure.

For each CPE activity, indicate the CPE Activity Type, Activity Title, Activity Provider, the number of CPE Units and the date the CPE activity took place.

Ethics or Health Equity	CPE Activity Type	Activity Title	Activity Provider	# Of CPE Units	Date Completed Mo/Yr
☐					/
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