

**REQUEST FORM FOR USE OF
CDR DATABASE INFORMATION**



Applicant Information

Name _____
(Last) (First) (MI)

Mailing Address _____

Daytime Phone _____ Cell Phone _____

E-Mail Address _____

I am currently an enrolled student at _____

My Research Advisor is _____

**Advisor Contact information
Address**

Daytime Phone Number _____ E-mail address _____

Please attach a letter of support signed by your research advisor, a sample copy of your research survey, a description of your proposed research study methodology and a copy of the cover e-mail or letter that will accompany your survey.

Research Request Evaluation Criteria:

Please provide your response to questions one through five on a separate sheet to be submitted with this application form.

1. Does this research support the Academy's and/or CDR's Mission/Vision?

Academy

Vision:

A world where all people thrive through the transformative power of food and nutrition.

Mission:

Accelerate improvements in global health and well-being through food and nutrition.

CDR

Vision:

The Commission on Dietetic Registration protects and promotes the health of the public by supporting practitioner competence, quality practice, lifelong learning and career advancement.

Mission:

The Commission on Dietetic Registration administers valid, reliable, and rigorous credentialing processes to protect the public and meet the needs of CDR credentialed practitioners, employers and consumers.

2. Will this research advance the profession of dietetics?
3. Does this research support the Academy's and/or CDR's strategic plan?
4. The sample research survey conforms to generally accepted research survey design standards.
5. Is your college/university US regionally accredited and accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND)?

6. The proposed research study description/methodology conforms with the generally accepted research design standards
7. Do you have Institutional Board (IRB) approval?
Is so, please attach documentation.

Commission on Dietetic Registration Database Information Requested:

(Please select from the following options.)

Database Selections

Please choose one of the following options for a Registered Dietitian Nutritionists random sample Excel list not to exceed 5,000 names. List will include the RDN's name, city, state and email address.

___ Option 1 – General Registry

___ Option 2 – State of Residence, US & US Territories

Please list specific states:

CDR Database Usage Agreement:

The submission of this CDR Database Request Form is subject to the approval of the Commission on Dietetic Registration (CDR). Upon review of the information submitted, you will receive a communication advising whether your request has been approved. Please allow ten days for approval notification. Request will be fulfilled within five days of the notification of approval. Please note that CDR reserves the right to request additional information upon review of information submitted.

I agree to utilize the CDR Database subject to the following terms and conditions:

1. The CDR database will be used only for the purpose for which it was approved. The list is only be used ONE time to distribute the survey.
2. CDR information will not be duplicated, shared, resold or integrated into a permanent database.
3. Once a list has been obtained for research purposes from CDR, a list cannot be obtained from the Academy of Nutrition and Dietetics for the same purpose.
4. Do not display email addresses of the RDNs in a cover email or letter to protect the privacy of our credentialed practitioners.
5. Indicate the anticipated time to complete the survey on the survey and/or in the cover email or letter.
6. I will share the final research report with CDR. The anticipated completion date is _____.

Applicant Signature **Date**

Academic Program Advisor Signature **Date**