

PROFESSIONAL DEVELOPMENT PORTFOLIO CERTIFICATION STATEMENT

Date:

Registration ID #:		
Name:		
Credential:		
Address:		
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: cdr@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 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 <u>Code of Ethics</u> for the Profession of Dietetics?	YES	NO NO
Had any professional license, certification or registration denied, revoked or suspended by a state?	YES	NO 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 NO
I certify that the information provided here and in subsequent documentation is true, corrol knowledge. Persons certified by the Commission on Dietetic Registration must comply with Dietetics. I understand that information on these forms is submitted for licensure purposes from this information do not imply acceptance of this information for CDR recertification p	the Code of Ethics for the only, and that CPE repo	ne Profession of



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 Competency, CPE Activity Type, Activity Title, Activity Provider, the number of CPE Units and the date the CPE activity took place. Use competencies from the list of Essential Practice Competencies to complete this form.

Competency	CPE Activity Type	Activity Title	Activity Provider	# Of CPE Units	Date Completed Mo/Yr
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