

# Commission on Dietetic Registration

the credentialing agency for the



Academy of Nutrition  
and Dietetics

## PROFESSIONAL DEVELOPMENT PORTFOLIO

## CERTIFICATION STATEMENT AND STATE LICENSURE FORMS

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[cdr@eatright.org](mailto:cdr@eatright.org)

# -PC INSTRUCTIONS-

## HOW TO SAVE A PDF FILE TO YOUR COMPUTER FROM THE WORLD WIDE WEB

### What is a “PDF File”?

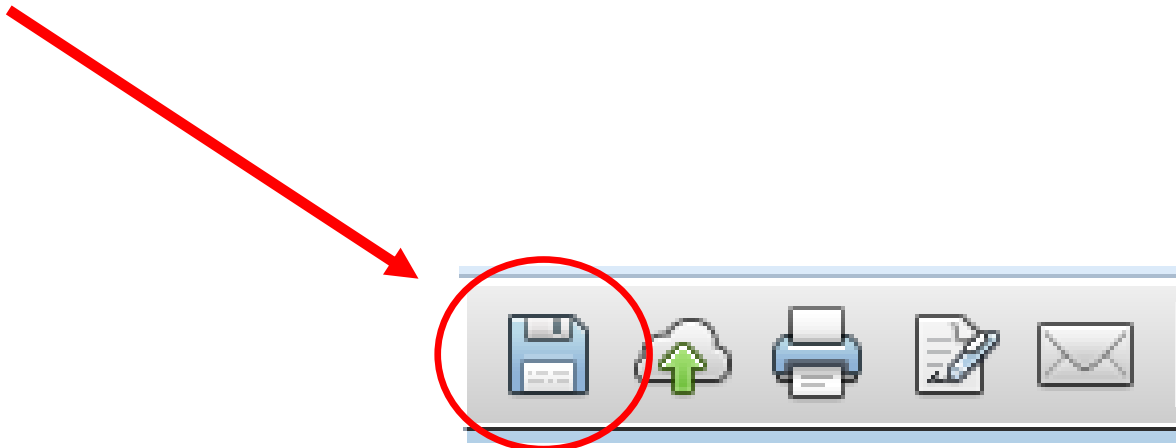
*Portable Document Format is a file format that makes it possible to display text and graphics in the same fixed layout on any computer screen.*

### Saving a PDF from a web page

By default if a program that reads PDF files is installed on your computer, such as Adobe Reader, each time a PDF file link is clicked that program will open the PDF file. To save a PDF file **right-click** the link and choose the **Save Target As** or **Save Link As** option. Below is an example PDF link that can be used for practice, when this file is saved to your computer it will be known as **example.pdf**.

### Saving a PDF from the reader

In addition to the above steps, if the PDF file is already open or a PDF form is filled out, many PDF readers can save that file within the program. For example, when opening a PDF file in Adobe Reader from a browser a disk icon appears in the **top left** portion of the page, as shown in the picture below. Clicking this icon will save the file.



After you have saved a copy of this form and filled it out, please save and close.

**Please attach this document to an email and address it to: [cdr@eatright.org](mailto:cdr@eatright.org)**



# PROFESSIONAL DEVELOPMENT PORTFOLIO CERTIFICATION STATEMENT

Registration Number: \_\_\_\_\_

Name: \_\_\_\_\_

Credential: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

\*State Email Address: \_\_\_\_\_

**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, an essential element of 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 ADA 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 an act of misfeasance or malfeasance 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 \_\_\_\_\_



# STATE LICENSURE FORM CPE ACTIVITIES LOG

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

For each CPE activity, indicate the Learning Need Code, CPE Activity Type, Activity Title, Activity Provider, Number of CPE Units and the Date the CPE activity took place. Use the codes from the list of Learning Need Codes, as well as the corresponding Activity Type number found in the PDP Guide to complete this form.

<http://cdrnet.org/pdp/professional-development-portfolio-guide>

Learning Need Code	CPE Activity Type	Activity Title	Activity Provider	# Of CPE Units	Date Completed Mo/Yr
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