

COMMISSION ON DIETETIC REGISTRATION

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

For CRMS --- Revised 4/13

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 ↑ You must provide the number on a copy of your membership card, profile page or receipt.

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

Last Name (Please Print) First Middle Initial Maiden Previous

Address City State Zip

Social Security Number (last four digits) E-Mail Address (Do not use an "edu" address)

(_____) (_____) (_____)_____
Home Phone Number Daytime - Work Phone Number Cell Phone Number

* * * MUST USE BLUE INK * * *

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
- ACT, Inc. 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.

Upon passing the registration examination, "As a registered dietitian or dietetic technician, registered, 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 RDs 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)