



DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., STE 203
DOVER, DELAWARE 19904-2467

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.PROFESSIONALLICENSING.STATE.DE.US

COMMITTEE OF DIETETICS/NUTRITION
EXPERIENCE ASSESSMENT FORM

The following applicant is applying for certification as a dietitian/nutritionist in the State of Delaware. As the supervisor of the experience requirements, your evaluation of the applicant's performance is important in determining if the experience meets the requirements.

APPLICANT NAME:

(Please print or type.) Last First Middle Initial

SUPERVISOR (complete one):

Name: _____
Last First Middle Initial

Registered Dietitian: Commission on Dietetic Registration (CDR) # _____

Licensed Dietitian: License # _____ State _____

Certified Dietitian/Nutritionist: Certificate # _____ State _____

Certified Nutritional Specialist: Certificate # _____ State _____

Licensed Physician: License # _____ State _____ (A licensed Physician must submit documentation indicating expertise in Human Nutrition.)

Place of employment when supervising applicant: _____

Date of supervision: _____
Starting Date Ending Date

Position held: _____

Current position: _____

Address: _____

Telephone Number: _____

APPLICANT

Total number of practice hours: _____

Place of Supervision _____

Applicant's primary duties: _____

Outline of applicant's planned work experience with time allotment specified for each activity:

Assessment of applicant's performance: _____

I hereby acknowledge that the above statements for the work done by the applicant while under my supervision are true.

Signature of Supervisor

Date

Please return completed form to: Committee of Dietetics/Nutrition
861 Silver Lake Blvd., Suite 203
Cannon Building
Dover, DE 19904



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COMMITTEE OF DIETETICS/NUTRITION APPLICANT INSTRUCTIONS

Enclosed please find the application form for State Certification as a Dietitian/Nutritionist (CDN). A completed application form and all required documentation must be submitted before your application will be reviewed.

An individual applying for certification as a CDN must submit:

1. Completed application form.
2. Non-refundable pro-rated processing fee in the form of a check or money order made payable to "State of Delaware."
3. One or more of the following:
 - a. Verification of current registration status with the Commission on Dietetic Registration
 - b. Certification with the American Board of Nutrition
 - c. Certification with the Certification Board for Nutrition Specialist.
 - d. Letter of good standing from the American Board of Nutrition or Commission on Dietetic Registration

Individuals who are **not** registered with the Commission on Dietetic Registration, certified by the American Board of Nutrition or the Certification Board for Nutrition Specialist must:

1. Provide transcripts forwarded directly from the issuing college or university showing completion of a baccalaureate degree or higher in a major in human nutrition, food and nutrition, public health nutrition, dietetics, or food management.
2. Provide evidence of completion of 900 hours of continuous preprofessional experience or not less than 3 years of work experience in the last 10 years under the supervision of a qualified supervisor.
3. Provide evidence of successfully passing the required written examination.
4. Individuals with advanced degrees (Masters or Doctorate) must submit a transcript(s) with majors in nutrition, nutritional education, nutritional science or a major closely related to human nutrition. All certified transcripts must be sent directly to the Board Office by the institution/college. Please return the completed application form with any other documents and the licensure fee to the Committee of Dietetics/Nutritionist, 861 Silver Lake Blvd., Cannon Building, Dover, Delaware 19904.



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**COMMITTEE OF DIETETICS/NUTRITION
APPLICATION FOR CERTIFICATION AS A DIETITIAN/NUTRITIONIST**

PERSONAL INFORMATION

Full Name (Please print or type): _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home Telephone _____ Office Telephone _____ Email _____

Social Security Number: _____

CERTIFICATION INFORMATION - PLEASE COMPLETE

1. Are you a registered dietitian with the Commission on Dietetic Registration (CDR)?
Yes No If yes, please submit a photo copy of current CDR registration card,
please fill in your CDR Number: _____ and request that an original letter of good
standing/verification be sent directly to the Board office from CDR.
2. Are you a certified nutrition specialist with the American Board of Nutrition Yes No
If yes, please provide evidence of current certification, please fill in your ABN Number _____,
and request an original letter of good standing/verification be sent directly to the Board office from
ABN.
3. Are you a certified nutrition specialist with the Certification Board for Nutrition Specialist?
Yes No If yes, please provide evidence of current certification, please fill in your
CBNS Number _____ and request that an original letter of good standing/verification
be sent directly to the Board office from CBNS.
4. Are you submitting your application on the basis of an advanced degree? Yes No
If yes, complete the post-secondary form below. Have the university send original transcript
directly to the Board office.
5. If you are **NOT** a registered dietitian or a certified nutrition specialist, you must complete the
following education form, employment information **and** experience assessment form.

POST SECONDARY EDUCATION

Institution	Address	Major	Degree	Dates Attended	
				From mo/yr	To mo/yr

EMPLOYMENT INFORMATION RELATED SPECIFIC TO THIS APPLICATION

Name and Location of Facility	Job Title	Dates	
		From mo/yr	To mo/yr

STATEMENT OF ELIGIBILITY FOR CERTIFICATION

By signing and submitting this Statement of Eligibility for Certification the undersigned applicant for Certification or renewal of Certification, swears or affirms that he/she meets the qualifications for licensure as stated in 24 Del.C., Chapter 38 §3806.

Title 24, Chapter 38 §3806(f) provides that that State Committee of Dietetics/Nutrition may refuse or reject an applicant if, after hearing, the Committee finds that the applicant meets any of the conditions or actions specified in Section 3811(a) which provides that the applicant has not engaged in any of the following acts or offenses that would be grounds for disciplinary action:

1. Has employed or knowingly cooperated in fraud or material deception in order to be certified; or,
2. Has engaged in illegal, incompetent or negligent conduct in the provision of nutrition services; or,
3. Has, as a dietitian/nutritionist or otherwise, in the practice of the profession, knowingly engaged in an act of consumer fraud or deception, or engaged in the restraint of competition, or participated in price-fixing activities; or,
4. Has violated the Code of Ethics as established by the Committee (The Code of Ethics of the American dietetic Association); or,
5. Has been convicted of a felony within the last five (5) years; or,
6. Has had any other registration, license or certification related to the practice of nutrition services revoked.

The applicant further states that the information contained in his or her application for Certification or renewal of Certification is true and correct, and that she/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of Certification and will be reported to the Attorney General for further action.

The applicant also acknowledges that processing and renewal fees are nonrefundable.

Please note: When your application is complete, please allow 8-12 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

Date

Applicant Signature

MUST BE COMPLETED BY ALL APPLICANTS

NOTARIZED STATEMENT OF APPLICANT MUST BE COMPLETED BEFORE THIS FORM IS SUBMITTED TO THE BOARD OFFICE.

NOTARIZED STATEMENT

I certify that the information provided by me on the application for certification as a Dietitian/Nutritionist submitted to the State of Delaware is true and complete.

_____ (Name in Full)

Date

Applicant Signature

County of _____

State of _____ in _____ in said county on this

_____ day of _____ 20____, _____

personally appeared before me, has been duly sworn, desposes, and says that he/she has read carefully and truthfully answered the questions.

My Commission Expires _____

Notary Public