

SECTION II : CERTIFICATION OF EDUCATION

Name of applicant: _____

INSTRUCTIONS TO SCHOOL: Please complete: 1. Either Part A or Part B, as appropriate; and
2. Part C.

Please return this form directly to the Department at the address at the end of this form. This form will not be accepted if returned by the applicant.

PART A – PROGRAMS REGISTERED BY NEW YORK STATE AS QUALIFYING FOR CERTIFICATION OR ACEND ACCREDITED

To be completed only by those schools at which the applicant completed a dietetics or nutrition program registered by the New York State Education Department as qualifying for certification or accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND).

It is hereby certified that: _____

was awarded the degree of _____ on the date of ____ / ____ / ____,
mo. day yr.

and the curriculum completed at the time the degree was awarded was registered by the New York State Education Department as qualifying for certification in dietetics/nutrition or was accredited by the Commission on Accreditation for Dietetics Education.

Program title _____

PART B – ALL OTHER PROGRAMS (including ACEND – “Approved” Programs)

To be completed only by those schools in which the applicant DID NOT complete a dietetics or nutrition program registered by the New York State Education Department as qualifying for certification nor accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND).

Note: Please attach an official transcript or marksheet giving courses completed by year including grades and a syllabus of the course of studies completed.

(1) Length of Program: _____

(2) Date of Applicant's Admission: ____ / ____ / ____ Date of Completion/Withdrawal: ____ / ____ / ____
mo. day yr. mo. day yr.

(3) Years of education and credential required for admission: _____

(4) Degree conferred: _____

(5) Date degree conferred: _____

PART C - CERTIFICATION (To be completed by the Registrar)

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement.

Signature: _____ Date: ____ / ____ / ____
mo. day yr.

Type or print name: _____

Title or official position: _____

Institution: _____

Location: _____

Telephone number _____ Fax: _____

E-mail address: _____

**(COLLEGE
SEAL)**

Return Directly to: New York State Education Department, Office of the Professions, Dietetics-Nutrition Unit, 89 Washington Avenue, Albany, NY 12234-1000.