CERTIFICATION OF DIETETICS-NUTRITION EXAMINATION RESULTS

APPLICANT INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your Application (Form 1). Be sure to sign and date item 7.

2. Send this form to the appropriate agency to complete Section II. Be sure to include any fee required.

SECTION I: APPLICANT INFORMATION

1. Social Security Number: ____________________________

   (Leave this blank if you have no U.S. Social Security Number)

2. Birth Date: ____________________

3. Print Your Full Name Exactly As It Appears On Your Certification Application (Form 1):

   Last: _______________________________________________________

   First: _______________________________________________________

   Middle: _____________________________________________________

4. Mailing Address: (You must notify the Department promptly of any address or name changes.)

   Line 1: ___________________________________________________

   Line 2: ___________________________________________________

   Line 3: ___________________________________________________

   City: _____________________________________________________

   State: ________ Zip Code: ________

   Country/Province: __________________________________________

5. Title of examination: _______________________________________

   Date: _____ / _____ / ______  mo. / day / yr.

6. Print name under which examination was taken (if different from above):

   ___________________________________________________________

7. I authorize you to release the examination information requested to the New York State Education Department.

   Applicant's signature: _______________________________________

   Date: _____ / _____ / ______  mo. / day / yr.
SECTION II : CERTIFICATION OF EXAMINATION RESULTS

INSTRUCTIONS TO TESTING ORGANIZATION: Please complete this section and return this form directly to the Office of the Professions at the address listed at the end of this form. This form will not be accepted if returned by the applicant.

It is hereby verified that: ____________________________ Applicant number: ____________________________

(Applicant named in Section I, number 3)

has passed the following dietetics-nutrition certification examination.

a. Title of examination: ____________________________

b. Testing organization: ____________________________

c. Raw score: ____________________________ Converted score: ____________________________

d. Date examination passed: _____ / _____ / _____

mo. day yr.

ATTESTATION

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

Signature: ____________________________ Date: _____ / _____ / _____

Type or print name: ____________________________

Title: ____________________________

Agency: ____________________________ (SEAL)

Address: ____________________________

Telephone: ____________________________ Fax: ____________________________

E-mail address: ____________________________

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