

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: ____ / ____ / ____
mo. day yr.

Type or print name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

(SEAL)

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