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: ______ / ______ / ______

Month Day Year

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: ___________________________________________________________________

Address: ______________________________________________________________

_________________________                              (SEAL)

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.

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