



**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.