

Dietetics-Nutrition Form 4

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of the Professions
 Division of Professional Licensing Services
 89 Washington Avenue
 Albany, NY 12234-1000

APPLICANT PROFESSIONAL EXPERIENCE RECORD (TO BE SUBMITTED BY ASSOCIATE DEGREE APPLICANTS)

Applicant Instructions: Please complete the following information and return this form with your Application for Certification and First Registration (Form 1) to the Office of the Professions at the mailing address at the end of Form 1. Be sure to sign and date the attestation.

1 Social Security Number: - -

(Leave this blank if you do not have a 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 Provide a chronological list of all dietetic/nutrition work experience. In the left column, provide dates and last name of supervisor. In right column, provide type of professional experience including name and address of employer/internship program and the primary site of the experience.

| Exact dates (mo./day/yr.) | Type of experience including name and address of employer/internship program |
|--|--|
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |

WORK EXPERIENCE CONTINUED

| Exact dates (mo./day/yr.) | Type of experience including name and address of employer/internship program |
|--|--|
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |
| Supervisor _____ ____ / ____ / ____ to ____ / ____ / ____ | |

ATTESTATION

I attest that the above information accurately reflects my work experience in dietetics and nutrition.

Applicant's Signature

Date

Return Directly to the New York State Education Department along with your Application for Certification and First Registration (Form 1).