

The American Clinical Board of Nutrition Diplomate Application

Name (Last) _____ (First) _____ (Middle) _____

Address: (Home) _____

Address (Business – all
locations) _____

Prefer mail sent to: Home ___ Office ___

Business Phone _____ Fax _____ Email _____ Home

Phone _____ Home Fax _____

S.S. Number _____ D.O.B: _____

Education

1. Preprofessional

School _____

Address _____

Year Matriculated _____ Year Graduated _____ Degree(s) _____

Certificate number(s) _____

Diploma _____

2. College, University or other Institution

Name _____

Year Matriculated _____ Year Graduated _____

Name _____

Year Matriculated _____ Year Graduated _____

3. Postgraduate Programs in Nutrition: (List on separate page if necessary)

Name of
Program(s) _____

Sponsoring School(s) _____

4. Other Nutritional Educational Education: (Accredited graduate degrees programs and/or certifications)

Sponsoring school _____

Address _____

Degree/certification _____

Year Received _____

Sponsoring School _____

Degree/certification _____

Year Received _____

Sponsoring school _____

Degree/certification _____

Year received _____

Licensure

List the State(s) or Provinces you hold licensure

1. _____ License # _____ 2. _____ License # _____

3. _____ License # _____ 4. _____ License # _____

References: Please provide the names address and phone numbers of two colleagues:

1. Name _____

Address _____

Phone Number _____

2. Name _____

Address _____

Phone Number _____

Professional Affiliations: Please List

Disabilities:

ACBN complies with all requirements of the Americans with Disabilities Act (ADA) and other applicable federal and state laws. ACBN aims to provide an equitable testing opportunity for

candidates to demonstrate the knowledge and skill measured by the examination. As such, ACBN will accommodate reasonable accommodation requests for those with a documented disability.

Applicants requesting a testing accommodation in accordance with the ADA should complete the Accommodations Request Form, found on the website under Application to Sit For Exam, and include it with the exam application.

Please attach two recent passport photos with this application. Also include your official transcripts for 300 hours in clinical nutrition through an accredited college(s) and your check in the amount of \$1,000 for the Exam fee or your MasterCard or Visa Number, exp. Date and CVC code on the back.

Signature _____

Printed Name _____

Date _____