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www.cbcn.us

Application For Diplomate Reciprocity

This application is for Nutrition Diplomates who are seeking reciprocity with the CBCN and thereby receiving a Diplomate from the CBCN. **This opportunity expires October 1, 2015.**

Checklist:

- ☐ Complete the two-page application.
- ☐ Attach a copy of your Nutrition Diplomate certificate, current recertification letter and current license renewal for the state you practice in.
- ☐ Attach a Passport size (2x2) photo where indicated.
- ☐ Fee: \$175

The CBCN accepts money orders, checks made payable to CBCN or direct deposit online:
<https://forms.dwoillalabs.com/recertification-fees>

Discrimination Notice. The CBCN does not discriminate for the purposes of application, examination, continuing education, recertification or any other activity of the Board on the basis of age, sex, religion, marital status, national origin, race, language, or disability. All candidates and members are considered on the basis of their skill and knowledge as practitioners based solely on their ability to treat the consumer safely and effectively. The Board complies with all applicable federal and state laws including the Americans with Disabilities Act (ADA) with respect to certification and recertification responsibilities.

Please print or type clearly. Non-legible application will be returned unprocessed.

Name _____ DOB _____
Home Address _____ SSN _____
City, St, Zip _____
Office Address _____
City, St, Zip _____
Home Phone _____ Office Phone _____
E-Mail _____ Fax _____
Website _____

LICENSURE: List the State(s) or Province(s) you hold licensure and attach copy of your current license(s)

State _____ License# _____ State _____ License# _____

FOR CBCN USE: ☐ PD ☐ DIP ☐ GM ☐ QB ☐ EX Cert.# _____ Date _____ Init _____

PROFESSIONAL AFFILIATIONS: Please list

_____	Member Since _____
_____	Member Since _____
_____	Member Since _____
_____	Member Since _____

Please answer yes or no to each of the following questions.

If there is a yes response, describe the circumstances on a separate sheet of paper.

Note: Answering yes to any question does not necessarily disqualify you from participation. The information is sought as part of the overall credentialing process and all information will be kept confidential as provided by laws of the United States.

Do you have any prior malpractice judgments or settlements in the past five years? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Has your license to practice in any state or country ever been revoked, suspended, or otherwise limited? ☐ Yes ☐ No

Do you currently use drugs or alcohol to the point that it might affect your ability to practice? ☐ Yes ☐ No

Disclaimer: Any applicant subsequently found not to have fulfilled all CBCN requirements or found to not hold a current nutrition diplomate will be disallowed by CBCN.

I, _____, have read the Bylaws of the CBCN and understand I am responsible for knowing the contents. I hereby certify that I am a current certificant in good standing with ACBN and all information provided, including attachments, is accurate, correct and complete according to my knowledge. I understand my continued acceptance into the CBCN is based on the information provided and verified. I further agree my continued acceptance into the CBCN is at the sole discretion and final decision of the CBCN without recourse. I agree to have my name, contact information and dates of certification or recertification published on the CBCN website (www.cbcn.us) if I my application is accepted.

Applicant's signature

Date

Attach one (1) recent 2" x 2" passport-sized photographs here.

RECERTIFICATION FACTS:

Details regarding recertification may be found on our website (www.CBCN.us)

Each year you must recertify by:

- a) Completing the recertification form;
 - b) Sending transcripts documenting that you have completed 12 CE hours;
 - c) Pay Recertification fee (Currently \$125)
 - d) Record CE hours and Recert Form on CEBroker.com
- All of these must be received by December 31st each year