

**\*As of 4/6/2020 the CNCB is currently accepting scanned copies of degrees, coursework and licensure. Original transcripts will be required when academia is once again able to fulfill orders.**

# CCN

CLINICAL NUTRITION CERTIFICATION BOARD

CERTIFIED CLINICAL  
NUTRITIONIST

Credentials Office: 400 Chisholm Place, Suite 303  
Plano, Texas 75075 (972) 250-2829 (972) 250-0233-FAX

## CCN EXAMINATION CREDENTIALS REVIEW APPLICATION

Attach the following items:

(MasterCard/Visa, AMX, Discover)

- \$75.00 credentials review & processing fee. (Non-Refundable) **Credit Card#** \_\_\_\_\_
- Applicant letter requesting credentials review. **Exp.Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_
- 1 official transcript from each university attended. **Check#** \_\_\_\_\_
- Curriculum vitae, 2 personal & 2 professional reference letters.
- Attach 2 passport-sized photos.

PLEASE PRINT RESPONSES IN BLACK INK.

1. **Date of application:** \_\_\_\_\_

2. **Social Security number:** \_\_\_\_\_

3. **Legal name** (last name, first name, Middle) \_\_\_\_\_

4. **Other names** that may appear on your academic records: (last name(s), first name, middle):  
\_\_\_\_\_

5. **Home mailing address:** \_\_\_\_\_

6. **Office Name:** \_\_\_\_\_

7. **Office Address :** \_\_\_\_\_

8. **Home Telephone:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

9. **Birthdate:** \_\_\_\_\_ **Birthplace**(city, state, country): \_\_\_\_\_

10. **Country of citizenship:** \_\_\_\_\_

11. **College Level Examination Program(CLEP)test date**(if applicable): \_\_\_\_\_

Official transcripts of all college education and/or official scores of CLEP tests must be submitted before your application is considered complete.

12. **Degree(s) held:**

### DEGREE IN NUTRITION

- Bachelor of Science
- Master of Science
- Doctor of Philosophy
- Currently enrolled in B.S. program; proof attached.
- Bachelor of Arts
- Bachelor of Arts plus Core Courses in Science & Nutrition
- International Degree

### PROFESSIONAL DEGREES

- M.D.
- D.D.S.
- D.O.
- D.C.
- R.D.
- R.N.
- R.Ph.
- N.D.
- OTHER Describe \_\_\_\_\_

**13. Colleges and universities attended.** List in chronological order all colleges and universities attended including professional schools, regardless of length of attendance, even if no work was completed.

Name and Location of Institution	Mo./Yr. of Attendance		Major	Estimated Overall GPA	Degree Earned Mo./Yr. (to be) Received
	From	To			

**14. College work in progress or planned.** List below the college courses in which you are currently enrolled and the additional courses you plan to complete. (Attach separate sheet if necessary.)

Courses in progress				Courses planned			
Institution	Term/Year	Dept. Course No. and Title	Unit Value	Institution	Term/Year	Dept. Course No. and Title	Unit Value

**15. Academic honors** (scholarships, awards, publications): \_\_\_\_\_  
 \_\_\_\_\_

**16. Professional Organizations** to which you belong: \_\_\_\_\_  
 \_\_\_\_\_

**17. Employment:** List all applicable employment relevant to your professional (academic) goal. Indicate present employer, if now employed.

Employer	Nature of Work	Inclusion Dates

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date of examination:** \_\_\_\_\_

**Date of issue of certificate:** \_\_\_\_\_