



**Application: Certified Nutrition Specialist for Nutrition and Health Professionals**  
**Part A: Academic Information**

*Please use blue or black ink and print all information carefully. You must complete all applicable fields.*

**I am submitting:**

Part A: Academic Information only

Part A and Part B: Academic Information and Supervised Experience

I understand that in order to fulfill all CNS program requirements, the CNS certification application Part B and supporting documentation must be submitted within five years of passing the CNS examination.

**Part A: Candidate and Academic Information**

**Personal Contact Information**

Preferred Contact (please check one)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Degree/Credential: \_\_\_\_\_

Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

*(\*Please provide a personal email address that is not associated with a school so we can contact you upon graduation.)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Business Contact Information**

Preferred Contact (please check one)

Business name: \_\_\_\_\_

Business street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Education Information**

The educational requirements for CNS applicants are outlined below and will require official transcripts from regionally accredited colleges or universities.

Applicants must hold either:

1. Master of science or doctoral degree in a field of nutrition from a United States regionally accredited college or university, or its foreign equivalent; or



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of NUTRITION SPECIALISTS<sup>SM</sup>**

2. Doctoral degree in a field of clinical healthcare (including, but not limited to: DC, DDS, DO, MD, ND, Doctor of nursing, Pharm. D) from a United States regionally accredited college or university, or its foreign equivalent.

**Please indicate which degree represents your eligibility to sit for the CNS exam:**

Master of science in nutrition field       Doctoral degree in nutrition field

Doctoral degree in clinical healthcare

**Please list all degrees attained from most to least recent**

School Name	Regionally Accredited (Yes/No)	Month/Year Degree Awarded	School City/State	School Country	Major	Degree	Online, On-Campus or Hybrid

**Please list all professional licenses (i.e. DC, DO, MD, ND) in good standing**

License	License #/ID	Year Awarded	State	Jurisdiction



**Please list all professional certifications in good standing**

Certification	Sponsor	Year Awarded	Mandatory Cont. Education (Yes/No)

**Employment Information/Primary Occupation**

- Nutrition practitioner  
  Business consultant/manager  
  Educator  
 Researcher  
  Other healthcare practitioner (please specify): \_\_\_\_\_

Applicant's job title: \_\_\_\_\_

**Coursework Requirements**

The education requirements are a minimum of 30-semester credit hours in the following categories. Please indicate how many semester hours you have successfully completed in each category. ***Please ensure all credits are converted to semester credit hours.***

**Graduate-Level Nutrition Courses (9 semester credit hours required)**

Examples include but are not limited to: developmental nutrition, metabolism of vitamins and minerals, nutrition assessment and therapeutic nutrition.

Course Title	Semester Credit Hours Earned	School or Institution




**Biochemistry Courses (6 semester credit hours required)**

*Undergraduate courses may be applied in this category.*

Course Title	Semester Credit Hours Earned	School/Institution for Undergrad Credits	School/Institution for Graduate Credits

**Physiology/Anatomy Credits (3 semester credit hours required)**

*Undergraduate courses may be applied in this category.*

Course Title	Semester Credit Hours Earned	School/Institution for Undergrad Credits	School/Institution for Graduate Credits

**Clinical or Life Science Courses (12 semester credit hours required)**

*Undergraduate nutrition courses may be applied in this category.* Examples include but are not limited to: biology, botany, microbiology, nutrition science or organic/inorganic chemistry,

Course Title	Semester Credit Hours Earned	School/Institution for Undergrad Credits	School/Institution for Graduate Credits




**Official Transcript Information**

Official school transcripts for graduate and undergraduate courses conferring the Master of Science or doctoral degree and all mandatory coursework are required.

Applicants must arrange for submission of the transcripts from the school/institution(s) directly to the BCNS. School/institution(s) may mail the official transcripts to the BCNS address, or submit electronically as indicated in the Submission of Application and Documentation section of this application. Exam eligibility will not be conferred without receipt of official transcripts.

**Professional License**

Applicants must submit a current copy of their professional license or verification if applicable.

**Curriculum Vitae/Resume**

Applicants must submit a current curriculum vitae or resume detailing professional experience as a nutritionist.

**Letters of Recommendation**

Applicants must submit two letters of recommendation to the BCNS. Letters of recommendation must come from healthcare professionals familiar with your work as a nutrition professional. These letters must be submitted in accordance with the following guidelines:

- a. Submitted on letterhead that identifies the organization/entity the writer represents
- b. Indicate the relationship the writer has to the applicant
- c. Describe the type of work the writer has witnessed the applicant perform and any insight into the applicant's character, experience, abilities and commitment to nutrition
- d. Be sent via email to **Applications@NutritionSpecialists.org**.



**Letters of recommendation will be submitted from the following healthcare professionals:**

1. Name: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Name: \_\_\_\_\_

Organization: \_\_\_\_\_

**Photograph Information**

Applicants must submit a current photograph (applicant only) that should not exceed six inches in height. Photographs will only be used by the BCNS for applicant identification.

**Examination Site Information**

Examination sites are tentative, and an assignment to a specific location cannot be guaranteed. Applicants will be notified of their assigned site prior to the exam date. Please select your top three exam sites in order of preference using the numeral “1” to indicate your first choice, “2” to indicate your second choice and “3” to indicate your last choice.

Exam Location	Applicant Preference
Baltimore, MD	
Boston, MA	
Bridgeport, CT	
Chicago, IL	
Clearwater, FL	
Los Angeles, CA	
New York, NY	
Portland, OR	
Other	

**Special Accommodations Information**

Please check the box if you have special needs which may impair your ability to take the exam. Complete and submit the Special Accommodations form and the Disability-Related Needs form to the BCNS office along with your CNS application. These forms can be found on the NutritionSpecialists.org website in the Forms & Helpful Documents section.

Special accommodations needed



### Candidate Responsibility Statements

Please check all boxes. Applications will not be considered if this section is incomplete.

I understand the CNS Certification Application, payment and supporting documentation must be received by the deadline posted on the BCNS website.

I have read and understand all policies and procedures in the Candidate Handbook.

I have read and accept the terms and responsibilities outlined in the BCNS Code of Ethics in the Candidate's Handbook.

I attest that I have never been convicted of or pled guilty to a felony, or of any fraud, false statements, omissions, wrongful taking of property, bribery, perjury, forgery or a conspiracy to commit any of these offenses.

I declare all information I have provided in this application is true and accurate. I understand that misrepresentations or incorrect information provided to the BCNS can result in disciplinary action, including suspension or revocation of my eligibility, examination score or credential.

*As a condition precedent to the submission of this application, the applicant understands and agrees that they shall have no recourse to sue in a court of law, or before any agency of government, the Board for Certification of Nutrition Specialists (BCNS) or its officers, or to challenge the BCNS rules and procedures, except that an applicant may avail themselves of the right to respond in a timely fashion to any complaint filed against applicant before the BCNS. Applicant further understands and agrees that the decision reached by the BCNS following a review of any complaint filed with the BCNS shall be final and binding, and the applicant waives any rights to sue in a court of law or agency of the government.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees and Payment

Applicants are encouraged to pay online at [NutritionSpecialists.org](http://NutritionSpecialists.org)

\$50 non-refundable CNS Certification Application processing fee

\$300 examination fee

Payment made online     Payment by check (made out to the Board for Certification of Nutrition Specialists)

### Submission of Application and Documentation

Please email all documents to [Applications@NutritionSpecialists.org](mailto:Applications@NutritionSpecialists.org).

Transcripts may be sent electronically or mailed to:

Board for Certification of Nutrition Specialists, 211 W. Chicago Avenue, Suite #218, Hinsdale, IL 60521.



**CNS Application: Part A Checklist**

- CNS Certification Application and corresponding fee(s).
- Official school transcripts for graduate and undergraduate courses conferring the Master of Science or doctoral degree and all mandatory coursework.
- Curriculum vitae or resume.
- Current copy of your professional license, if applicable
- Two letters of recommendation (sent directly to the BCNS from the letter writer).
- If applicable, the Special Accommodations form and the Disability-Related Needs form.