



**Application: Certified Nutrition Specialist for Scholars
CNS Exam Application**

I am submitting:

- Exam Application & Experience and Scholarship Information: experience in the nutrition industry, research, academia, writing or clinical practice, and demonstration of authored nutrition papers, texts, research and patents.

Candidate and Academic Information

Personal Contact Information

Preferred Contact (please check one)

Last name: _____ First name: _____

Maiden name: _____ Degree/Credential: _____

Phone: _____ Email: _____

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-S applicants are outlined below and will require official transcripts from regionally accredited colleges or universities.

Applicants must hold a Doctoral degree in nutrition or in a field of clinical healthcare (including, but not limited to, MD, DO, DC, DDS, Doctor of Nursing, ND, 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-S exam:

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/ST/Country	Major	Degree

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 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 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 the submission of the transcripts from the school/institution(s) directly to 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 applicable professional license if applicable.

Curriculum Vitae

Applicants must submit a current curriculum vitae 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: _____

Experience

The application process of a CNS-S candidate requires the **documentation and submission** of a minimum of the equivalent of three years of experience in the following:

Experience	Number of Years
Nutrition Industry	
Research	
Academia	
Writing	
Clinical Practice	

Scholarship Evidence

The application process of a CNS-S candidate requires the **documentation and submission** of five (any combination) of the following:

Scholarship	Number of Items
Nutrition papers in peer-reviewed journals or trade journals	
Nutrition chapters in textbooks or reference books	
Non-professional nutrition books based on sufficient scientific research	
Nutrition-related patents	
Comparable works of scholarship*	

Please explain any comparable works of scholarship:

Certificate Information

Candidates who complete their CNS-S candidacy will receive a certificate specifying that the CNS-S designation has been awarded; official certificates will be sent within 60 days of notification.

Maiden/legal name at time CNS-S exam was passed _____

Name and credentials as it should appear on CNS-S certificate _____

Photograph Information

Applicants must submit a current photograph (applicant only) which 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
ACN Conference Location (see BCNS website)	
Baltimore, MD	
Boston, MA	
Bridgeport, CT	
Chicago, IL	
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-S application. These forms can be found on our 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.

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.

- \$50 non-refundable CNS-S 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.

Transcripts may be sent electronically or mailed to:

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

CNS-S Application Checklist:

- CNS-S Certification Application and corresponding fees
- Official school transcripts for graduate and undergraduate courses conferring the doctoral degree and all mandatory coursework
- Complete and submit the evidence of three years of experience.
- Complete and submit the evidence of five works of scholarship.
- Curriculum vitae
- Current copy of your professional license for verification, if applicable
- Two letters of recommendation (sent directly to BCNS from the letter writer)
- If applicable, the Special Accommodations form and the Disability-Related Needs form