



**Application: Certified Nutrition Specialist for MD/DOs
CNS Exam Application**

You must complete all applicable fields.

I am submitting:

- Exam Application only
- Exam Application, Candidate's Report for practice experience and five case studies
- I understand that in order to fulfill all CNS program requirements, the practice experience and five case studies must be submitted within five years of passing the CNS examination.

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 for MD/DO applicants are:

- Doctor of Medicine or Doctor of Osteopathic Medicine degree from a regionally accredited medical or osteopathy school or foreign equivalent;
- License to practice medicine in the US (or in the country of practice)



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The BCNS will require official transcripts (see page 5 for information on submitting transcripts).

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

- Doctor of Medicine
- Doctor of Osteopathic Medicine

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

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	Continuing Education Required? (Yes/No)



Employment Information/Primary Occupation

Clinical practitioner Business consultant/manager Educator

Researcher

Applicant's job title _____

Coursework Requirements

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

Foundational Nutrition (4 semester credit hours or 60 continuing education credits)

Course Title	Semester Credit Hours or CEs Earned	School, Institution or Organization

Advanced Nutrition (5 semester credit hours or 75 continuing education credits)

Course Title	Semester Credit Hours or CEs Earned	School, Institution or Organization



Biochemistry Courses (6 semester credit hours required) - Satisfied by Medical School

Coursework

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

Physiology/Anatomy Credits (3 semester credit hours required) - Satisfied by Medical School

Coursework

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

Clinical or Life Science Courses (12 semester credit hours required) - Satisfied by Medical

School Coursework

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



Official Transcript Information

Official school transcripts for graduate and undergraduate courses conferring the doctoral degree in medicine, or doctoral degree in osteopathic medicine, as well as all mandatory coursework, are required.

Applicants must arrange for the submission of transcripts from the school/institution(s) directly to the BCNS. School/institution(s) may mail the official transcripts to the BCNS, 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.

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 directly to the BCNS from healthcare professionals familiar with your work as a nutrition professional. These letters must be submitted in accordance with the following guidelines:

- a. On letterhead that identifies the organization/entity the writer represents
- b. Indicates the relationship the writer has to the applicant
- c. Describes 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. Sent 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) 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.



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<u>Exam Location</u>	<u>Applicant Preference</u>
Baltimore, MD	
Boston, MA	
Bridgeport, CT	
Chicago, IL	
Clearwater, FL (Spring exams only)	
Los Angeles, CA	
New York, NY	
Portland, OR	
ACN Conference (Fall exams only) location varies	
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 NutritionSpecialists.org in the Forms & Helpful Documents section.

Special accommodations needed

Certificate Information

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

Name/credentials as they should appear on CNS certificate _____

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 CNS Handbook.

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

I have read, signed and returned the BCNS Confidentiality Statement.

I have read and accept the terms and responsibilities outlined in the Recertification Requirements in the CNS Handbook.



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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/Pay-Online

- \$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.

Transcripts may be sent electronically or mailed to:

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

CNS Exam Application: Checklist

- CNS Application and corresponding fee
- Official school transcripts and certificates of completion documenting all courses listed above and conferring the Doctoral Degree in Medicine or Doctoral Degree in Osteopathic Medicine
- Curriculum vitae
- Current copy of your professional license
- Two letters of recommendation (sent directly to the BCNS from the letter writer)