



**BOARD for CERTIFICATION
of NUTRITION SPECIALISTSSM**

Reexamination Application

Please indicate which credential path you are pursuing:

- Certified Nutrition Specialist (CNS) Certified Nutrition Specialist-Scholar (CNS-S)

Personal Contact Information

Preferred Contact (please check one)

Full _____ name

Degree/Credential _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Business Contact Information

Preferred Contact (please check one)

Business name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Education Information *(official transcripts conferring degrees from regionally accredited universities are on file with the BCNS from your original application submission)*

Please indicate which degree represents your eligibility for the BCNS examination:

- Master of science in nutrition field (CNS only)
 Doctoral degree in nutrition field
 Doctoral degree in clinical healthcare field

Please list all degrees attained from most current to least current in the table below:

School Name	Regionally Accredited* (Yes/No)	Month/Year Degree Awarded	School City/State	School Country	Major	Degree



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**Regionally accredited refers to an institution that was accredited (at the time the degree was awarded) by a regional accreditation body in the United States that is recognized by the Council for Higher Education Accreditation, and the United States Department of Education. Degrees from institutions outside the United States must be from that country's equivalent of a regionally accredited U.S. institution.*

License	License ID#	Year Awarded	State	Jurisdiction

Please list all professional certifications in good standing in the table below:

Certification	Sponsor	Year Awarded	Mandatory Continuing Ed. (Yes/No)



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Employment Information

- Nutrition Practitioner
 Business Consultant/Manager
 Educator
 Researcher
 Other Healthcare Practitioner _____

Applicant's job title _____

Examination Site Information

Examination sites are tentative, and assignment to a specific location cannot be guaranteed. Applicants will be notified of their assigned site prior to the examination testing date. Please select three examination sites. Number them in order of preference.

Examination Site	Applicant Preference
ACN Conference (fall only – location varies each year)	
Boston, MA	
Bridgeport, CT	
Chicago, IL	
Los Angeles, CA	
New York, NY	
Portland, OR	
Baltimore, MD	
Other	

Special Accommodations Information

Please check the below box if you have special needs that may impair your ability to take the examination. Complete and submit the Special Accommodations form and the Disability-Related Needs form to the BCNS office along with your Reexamination Application.

- Special accommodations needed

Fees and Payment (*Applicants are encouraged to pay online at NutritionSpecialists.org*)

- \$200 BCNS reexamination fee



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Total Paid \$ _____

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

Candidate Responsibility Statements

- I understand the BCNS Reexamination Application and payment must be received no later than two months prior to the examination date.
- I have read and understand all the policies and procedures in the Candidate Handbook.
- I have read and accept the terms and responsibilities outlined in the BCNS Code of Ethics and Professional Conduct, and continuing education standards set forth by the BCNS board of directors.
- I declare that all information I have provided on this application is true and accurate. I understand that misrepresentations or incorrect information provided to the BCNS can result in disciplinary actions(s), including suspension or revocation of my eligibility, examination score or credential.

Submission of Application and Documentation

Please email application and documentation to Applications@NutritionSpecialists.org.

Signature _____ Date _____