



Recertification Application

Date Submitted _____

Name _____ Degree _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____ CNS Number _____

Fee Due: \$200 per recertification

Check Enclosed \$ _____
(Please make check payable to the Board for Certification of Nutrition Specialists)

or

Pay Online _____
(Date Paid)

Dates of Recertification: _____ through _____

Number of continuing education (CE) credits earned _____

Between _____ and _____ (please provide dates)

**Please provide CE details on the accompanying pages of this application. However, please DO NOT submit the original CE certificates. These will not be retained by BCNS after your recertification application has been processed.*

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

I attest that the information submitted is true and correct

Signature _____ Date _____

Submission of Application and Documentation

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

Record of earned continuing education credits begins on the following page.



Record of Earned Continuing Education (CE) Credits

Name _____ CNS Number _____

Title of CE Event _____
Sponsor of CE Event _____
Location of CE Event _____
Date(s) of CE Event _____ No. of CEs Awarded _____

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* If more space is needed, please include additional CE information in the same format as above, and submit with your Recertification Application.