COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000 Chicago, Illinois 60606-6995 312/899-0040, extension 4764

11/2014

Registration Eligibility Application for the Registration Examination for Dietetic Technicians Didactic Program in Dietetics Graduates (DPD) Only

IMPORTANT NOTE:			LICATION FORM MUST		ED.	
Academy Membership	Number (former or cu	rrent)				
Last Name (Please Prin (Enter your name as it	*	First Name nment-issued pho	Middle Name to identification card.)	Maiden Nam	ie	Previous Name
Address			City		State	Zip
Personal E-Mail Address (Do not use an ".edu" address)		n" address)	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name	
(Circle Type: Home			Work/Cell) () Alternate Phone Number		(Circle Type: Home/Work/Cell)	
	the Code of Ethics for and DTRs, and CDR rg/HealthProfession	the Profession of employees for that als/content.aspx?	of Dietetics, and to hold harm heir activities in enforcing the <u>Pid=6868</u>		the direct link	
Denotes all informa	tion is accurate and	the candidate's	s acceptance of the Academ	ny/CDR Code of E	Ethics.	
Note to Applicant: the Comm Pearson V expect it w	After the DPD Prosission will send cor UE will e-mail the within two weeks of	gram Director suffirmation of your examination appearable CDR's receipt	submits the Registration Electric submits the Registration Electric stration and Candidate Hard of the Registration Eligibility	igibility Application atus via e-mail, arundbook to the e-n	on to CDR:	noted above. Please
Exam Candidate D			<u>Program Director</u> n verified and retained in tl	a DDD Program I	Director file	n the avent that the
submission is audite				ic Di D'i logiaili i	once of the	in the event that the
Original BS de	egree transcript	Origina (signed)	l DPD Verification Stater		NDTRE of	DTR Mis-Use Form
Print or Type Prog			rinal Signature of Program			T igit Program Code

Program Directors: Following the on-line submission of the registration eligibility application, via the Credentialing

Registration Maintenance System (CRMS), this application must be submitted to CDR by the DPD

Program Director for final processing. Please submit this application, and other required CRMS forms, as a PDF

document to CDR per the instructions in Step 5 of the Quick Reference Check List.