



Certified Nutritional Genomics Specialist<sup>SM</sup> (CNGS<sup>SM</sup>) Exam Application

Date \_\_\_\_\_

Date you completed the ANA Nutritional Genomics Training program \_\_\_\_\_

1. Provide your legal First and Last Name.

\_\_\_\_\_

2. Provide your full mailing address (Street#, Street, City, State, Zip code and Country).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Provide your phone numbers, including area code.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

4. Provide your preferred email address for all correspondence regarding your exam and certification. (School email addresses are not encouraged)

\_\_\_\_\_

5. What is your current position or job title? \_\_\_\_\_

6. Choose the professional sectors that apply to your current work:

Clinical

Industry

Education

Government

Research

7. Choose the Professional Field(s) that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Acupuncturist                        | <input type="checkbox"/> Health Researcher/Writer  |
| <input type="checkbox"/> Certified Nutrition Specialist (CNS) | <input type="checkbox"/> Herbalist                 |
| <input type="checkbox"/> Chiropractor                         | <input type="checkbox"/> Naturopathic Doctor       |
| <input type="checkbox"/> Culinary Professional                | <input type="checkbox"/> Nurse                     |
| <input type="checkbox"/> Dietitian                            | <input type="checkbox"/> Nurse Practitioner        |
| <input type="checkbox"/> Educator                             | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Health Coach                         | <input type="checkbox"/> Pharmacist                |
|   | <input type="checkbox"/> Physician (MD/DO)         |
|   | <input type="checkbox"/> Physician's Assistant     |

8. Choose the Degree you hold and upload a copy of the qualifying degree and/or license

- MS degree in the field of nutrition or dietetics from a United States regionally accredited college or university, or its foreign equivalent
- Doctoral degree in the field of nutrition, dietetics, related health science or medicine, from a United States regionally accredited college or university, or its foreign equivalent
- Certified Nutrition Specialist (CNS) credential or Registered Dietitian Nutritionist (RDN) credential or licensed/certified as a nutritionist/dietitian (LDN, CDN)
- License as a healthcare practitioner in the US with nutrition in the legal scope of practice, including MD/DO, DC, ND, NP, PA, RN, PharmD, Doctor of Nursing or foreign equivalent.

9. How would you like your name to appear on the CNGS certificate?

---

10. Experience Requirement statement of understanding

- I understand I will need to complete and submit one [Personalized Nutrition Case Data Collection](#) and one [Personalized Nutrition Case Report](#) to earn the CNGS certification. If I cannot complete and submit them by the exam application deadline, I understand that I have up to 6 months after passing the CNGS exam to submit these reports. Upon submission and approval of these reports, I will then be awarded the CNGS certification.

Signature