



Certified Nutritional Genomics SpecialistSM (CNGSSM) Exam Registration

Today's 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.

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:

- 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.
- None of the above

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 [PN Case Data Collection & one PN Case Report](#) to earn the CNGS certification. I have up to 6 months after passing the CNGS exam to submit these reports. Upon submission and approval, I will then be awarded the CNGS certification.

Signature