



Certified Ketogenic Nutrition SpecialistSM (CKNSSM) Exam Registration

Date _____

Date you completed the ANA Advanced Ketogenic Nutrition 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"/> Herbalist |
| <input type="checkbox"/> Certified Nutrition Specialist (CNS) | <input type="checkbox"/> Naturopathic Doctor |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Culinary Professional | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Health Coach | <input type="checkbox"/> Physician (MD/DO) |
| <input type="checkbox"/> Health Researcher/Writer | <input type="checkbox"/> Physician Assistant |

8. Choose the degree you hold and upload a copy of the qualifying degree and/or license to your portal (choose "Misc" in the dropdown menu):

- 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 CKNS certificate?



Board for
Certification of
Nutrition
Specialists

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 CKNS 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 CKNS exam to submit these reports. Upon submission and approval of these reports, I will then be awarded the CKNS certification.

11. Registration fee

I have paid the \$100 CKNS exam registration fee

Please upload this form to your portal.

Signature