



## CNGS Re-Examination Registration

Date of last CNGS Examination:

### Contact Information

Name:

Degree/Credential:

Email:

Phone:

Address:

City:

State:

Zip Code:

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

### 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.

### Certification Fee

I have paid the \$100 Reexamination Fee

*Please upload this form to your portal*

Signature (Typed signature is acceptable)