



Board for  
Certification of  
Nutrition  
Specialists

## Application: Certified Nutrition Specialist CNS Exam Application for Nutrition & Health Professionals CNS Exam Application

I am submitting:

Exam Application only

Exam Application and Candidate's SPE Hours Tracking Tool

I understand that in order to fulfill all CNS certification requirements, the CNS Supervised Practice Experience (SPE) documentation must be submitted within five years of passing the CNS examination.

### Supervised Practice Experience (SPE) Status

All supervisors must be approved by the BCNS. Failure to obtain approval may result in unacceptable practice experience hours.

Our data shows that candidates who have completed some or all of the SPE perform better on the exam. To help us maintain accurate data, please check the box that applies to your SPE at the time you will take the exam.

Have not started.

Completed practicum hours only (as part of the master's / doctoral degree program).

Completed <500 hours.

Completed 500-1000 hours.

Completed the 1000 hours.

### Candidate Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

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

Email (not school email): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Education Information**

The educational requirements for CNS applicants are outlined below and will require official transcripts from regionally accredited colleges or universities.

Applicants must hold either:

- 1. Master of Science or doctoral degree in a field of nutrition from a United States regionally accredited college or university, or its foreign equivalent; or
- 2. Doctoral degree in a field of clinical healthcare (including, but not limited to: DC, DDS, DO, MD, ND, Doctor of Nursing, PharmD) from a United States regionally accredited college or university, or its foreign equivalent.

Please indicate which degree represents your eligibility to sit for the CNS examination.

Master of Science in nutrition field

Doctoral degree in nutrition field

Doctoral degree in clinical health care

Please list all degrees obtained from most to least recent.

School Name	Regionally accredited	Date degree awarded	School city/state	Degree	Online/campus/hybrid

Are you a graduate of an ACNPE accredited school program?

Please check only if the date you matriculated into the program is on or after the date of ACNPE accreditation.

MUIH, MS Nutrition & Integrative Health (initial accreditation was granted in June 2019)

UB, MS Nutrition (initial accreditation was granted in October 2017)

If you meet this requirement and checked one of the boxes, please skip to the section on Letters of Recommendation.

NOTE: Graduates of ACNPE accredited programs are still required to submit official transcripts with the exam application.

If you do not meet this requirement, please continue filling in ALL fields of the application.







## Official Transcript Information

Official school transcripts for graduate and undergraduate courses conferring the Master of Science or doctoral degree and all mandatory coursework are required.

Applicants must arrange for submission of the transcripts from the school/institution(s) directly to the BCNS. School/institution(s) may submit electronically to [Applications@NutritionSpecialists.org](mailto:Applications@NutritionSpecialists.org). Exam eligibility will not be conferred without receipt of official transcripts.

## Curriculum Vitae / Resume

Applicants must submit a current curriculum vitae or resume detailing professional experience as a nutritionist.

## Letters of Recommendation

Applicants must submit two letters of recommendation to the BCNS. Letters of recommendation must come from healthcare professionals familiar with your work as a nutrition professional. These letters must be submitted in accordance with the following guidelines:

1. Submitted on letterhead that identifies the organization/entity the writer represents
2. Indicate the relationship the writer has to the applicant
3. Describe the type of work the writer has witnessed the applicant perform and any insight into the applicant's character, experience, abilities, and commitment to nutrition
4. Be sent via email to [Applications@NutritionSpecialists.org](mailto:Applications@NutritionSpecialists.org).

Letters of recommendation will be submitted by the following healthcare professionals:

1. Name: \_\_\_\_\_  
Organization: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Organization: \_\_\_\_\_

## Site Information

We are pleased to announce that we have partnered with a testing center company and are now able to offer hundreds of testing centers across the country so that candidates won't have to travel. There will be a nominal fee, paid directly to the test center. Upon your application approval to sit for the CNS exam, details will be sent to you so you can arrange to register for your local center. Here is a [list of test centers](#).

## Special Accommodation Information

Please check the box if you have special needs which may impair your ability to take the exam. Complete and submit the Special Accommodations form and the Disability-Related Needs form to the BCNS along with your CNS application. These two forms can be found on the Certify website in the Forms & Helpful Documents section.

Special Accommodations Needed

## Candidate Responsibility Statements

Please check all boxes. Applications will not be considered if this section is incomplete.

I understand the CNS exam application, payment and supporting documentation must be received by the deadline posted on the BCNS website.

I have read and understand all policies and procedures in the CNS Handbook.

I have read and accept the terms and responsibilities outlined in the BCNS Code of Ethics.

I agree to keep the contents of the CNS Certification Examination confidential.

I attest that I have never been convicted of or pled guilty to a felony, or of any fraud, false statements, omissions, wrongful taking of property, bribery, perjury, forgery or a conspiracy to commit any of these offenses.

I declare all information I have provided in this application is true and accurate. I understand that misrepresentation or incorrect information provided to the BCNS can result in disciplinary action, including suspension or revocation of my eligibility, examination score or credential.

*As a condition precedent to the submission of this application, the applicant understands and agrees that they shall have no recourse to sue in a court of law, or before any agency of government, the Board for Certification of Nutrition Specialists (BCNS) or its officers, or to challenge the BCNS rules and procedures, except that an applicant may avail themselves of the right to respond in a timely fashion to any complaint filed against applicant before the BCNS. Applicant further understands and agrees that the decision reached by the BCNS following a review of any complaint filed with the BCNS shall be final and binding, and the applicant waives any rights to sue in court of law or agency of the government.*

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Signature

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Date

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Print Name

## Fees & Payment

Payment is made online through the Candidate's Portal Account.

\$100 Non-refundable Certification Application Processing Fee

\$300 Examination Fee\*

**\*Please note: Effective July 1, 2023, the CNS Examination Fee will increase to \$400**

[CNS Checklist for Nutrition Professionals](#)